

Jesse Brown Veterans Affairs Medical Center Clinical Psychology Postdoctoral Fellowship Fellowship Information (2023–2024)



Photo of Jesse Brown VA Medical Center building exterior

The **Jesse Brown Veterans Affairs Medical Center (JBVAMC)** is located two miles west of the Loop, Chicago's central downtown district. It is part of Chicago's Illinois Medical District, the nation's largest urban medical district, which also includes Rush University Medical Center, the John H. Stroger Hospital of Cook County, and the University of Illinois at Chicago Medical Center. JBVAMC includes a 200-bed acute care facility and has four satellite outpatient clinics. JBVAMC serves approximately 62,000 Veterans with approximately 2800 employees. JBVAMC offers primary, extended and specialty care and serves as a tertiary care referral center (Level 1B) for VISN 12. The medical center in Chicago is administratively responsible for four satellite outpatient clinics elsewhere in Chicago and in Crown Point, IN. JBVAMC is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), with multiple hospital programs also being accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF). Among these CARF-accredited programs are the Pain Clinic and the Psychosocial Rehabilitation and Recovery Center (PRRC), meaning that all psychology fellows at JBVAMC rotate through a CARF-accredited program.

More information about the medical center can be found at its website, which can be accessed at <http://www.chicago.va.gov/>.

Institutional Mission

The mission of the Jesse Brown VAMC is to "Honor America's Veterans by providing exceptional health care that improves their health and well-being." JBVAMC pursues this mission through its vision: "To be a patient-centered, integrated health care organization for veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner and a backup for national emergencies." This is consistent with the overall statutory mission of the Veterans Health Administration: 1) to develop, maintain, and operate a national health care delivery system for eligible veterans; 2) to administer a program of education and training for health care personnel; 3) to conduct health care research; and 4) provide contingency support for DoD and Department of Health and Human Services (HHS) during times of war or national emergency.



Photo of Chicago skyline and boats from Lake Michigan during the daytime

Accreditation Status

The JBVAMC Clinical Psychology Fellowship Program is not accredited by the Commission on Accreditation (CoA) of the American Psychological Association, and we plan to begin pursuing initial accreditation of our Fellowship Program in late 2022. The program adheres to the guidelines of the Association of Psychology Postdoctoral and Fellowship Centers (APPIC).

More information on accreditation is available from the CoA of the American Psychological Association. The address is:

Office of Program Consultation and Accreditation
Education Directorate,
American Psychological Association
750 First Street NE
Washington, D.C. 20002-4242
202-336-5979
www.apa.org/ed/accreditation

Academic Affiliations

JBVAMC is institutionally affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University's Feinberg School of Medicine. About 250 medical residents and 300 medical students rotate through the medical center each year, receiving training in medicine, surgery, psychiatry, neurology, dentistry, radiology, orthopedics, and more. Additionally, students from nearby academic institutions receive training at the medical center in disciplines such as psychology, nursing, pharmacy, social work, and audiology. Moreover, JBVAMC is a competitive practicum site in the Chicago area, drawing extern applicants from local American Psychological Association (APA)-approved clinical and counseling psychology programs.



Photo of the Willis Tower and surrounding buildings in Chicago

Nondiscrimination Policy & Diversity Statement

The JBVAMC Psychology Training Programs abide by APPIC's policy on nondiscrimination: "Training agencies have practices which are nondiscriminatory in

regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities." The JBVAMC Psychology Training Programs adhere to Federal Executive Order 13160, "Nondiscrimination on the Basis of Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs." In addition to abiding by these non-discrimination policies, the Psychology Training Programs strongly seek and value individuals with diverse experiences and backgrounds as the foundation of a rich training environment. Our program emphasizes respect for trainees, staff members, and patients representing all forms of diversity, and prohibit discrimination based on the aforementioned identities as well as gender identity, marital status, socioeconomic status, Veteran status, indigenous heritage, and political affiliation. All applicants are entitled to equal treatment in the selection process and freedom from discrimination and harassment. The Psychology Training Programs seek to obtain trainees that represent diverse identities. Individuals with minoritized identities are strongly encouraged to apply. Jesse Brown VA is an Equal Opportunity Employer and our Psychology Training Programs follow all institutional guidelines in this regard.

COVID-19 Related Changes

The COVID-19 pandemic has led to numerous changes since March 2020. While we cannot predict how COVID will continue to shape our work, our environment of care, and our lives, we can say with confidence that the safety of our trainees, staff, and the Veterans we serve, is our top priority. We are consistently working with hospital and national level leadership to follow public health, vaccination, facility safety, and social distancing guidelines, and we are proactively communicating with trainees in real-time as new information and developments become available. With regard to the 2023-2024 training year, we do not anticipate any significant changes to our foundational clinical rotations and training opportunities. We do anticipate that at least some of our clinical services will remain delivered via telehealth, and some of our meetings will likely maintain a virtual attendance option when in-person attendance is not feasible or poses significant logistical barriers. All interviews for the 2023-2024 training year will be virtual. We will continue to modify our public materials as new changes become available, and we appreciate your patience and flexibility throughout this time.

Chicago Location

Chicago is the third largest metropolitan area in the United States. Chicago is a hub of arts, offers year-round cultural activities, is the home of world-famous architecture, and has dozens of annual festivals. The music and food scene are especially robust. Jesse Brown VAMC is convenient to expressways and public transportation, including buses and trains that offer transportation to and from our building within blocks of its entrance. Chicago is home to a large and diverse population that identifies primarily as African American (33%), white non-Hispanic/Latinx (31%), and Hispanic/Latinx (29%). Additionally, there is strong cultural pride that exists within the city's ethnic neighborhoods and LGBTQ+ communities. Further information about Chicago is available at www.CityofChicago.org.



Photo of fireworks over the Chicago skyline at night from Lake Michigan

JBVAMC's Patient Population

A Veteran is defined as anyone who has served in the Armed Forces, whether during wartime or peacetime. Veterans commonly eligible for VA services include older Veterans, combat Veterans, disabled Veterans, any Veteran who has experienced a military sexual trauma, OEF/OIF/OND Veterans, and indigent Veterans with honorable, general, or medical discharges

JBVAMC serves a combination of urban, suburban, and rural Veterans. JBVAMC serves the fourth highest percentage of Black/African American Veterans among VA hospitals nationally, with 47% of our Veterans identifying as Black/African American. While the majority of the Veterans served by JBVAMC identify as men who are 55 years of age or older, we also serve a growing number of women-identified and younger Veterans and a growing number of self-identified sexual and gender minority Veterans. The Veterans we serve often have co-occurring medical and psychiatric concerns and experience significant psychosocial stressors and the adverse effects of health disparities. Common psychiatric diagnoses include depression, anxiety disorders, posttraumatic stress disorder due to combat trauma, sexual trauma, and/or race-based stress and trauma, bipolar disorder, psychosis, and substance use disorders.

The Psychology Setting

There are over 45 doctoral-level clinical psychologists at the JBVAMC. Most psychologists are administratively organized under the Psychology Service, which is part of the Mental Health Service Line. A majority of JBVAMC's psychologists are active participants in the training program at some level. Some of the psychology supervisors have faculty appointments in the Department of Psychiatry at the University of Illinois

College of Medicine at Chicago or at Northwestern University's Feinberg School of Medicine, and a growing number of psychologists are board certified or are currently pursuing board certification.

The Psychology Fellowship Training Program is one of three related but separately organized psychology training programs at the JBVAMC. The fellowship is coordinated by the Director of Psychology Training (DoT) who also has responsibility of the management of the internship and externship programs.

The psychology training program at JBVAMC also has a longstanding practicum (externship) program for doctoral level graduate students in psychology. As many as 12 externs participate in this program each training year, which generally runs from July to June. Externs receive highly supervised training in one or two focal clinics or areas of practice, including: the PTSD Clinic, the Day Hospital Program, Inpatient Psychiatry, the Addiction Treatment Program, the Drug Dependence Treatment Clinic, the Transition Care Management Clinic, the Psychosocial Rehabilitation and Recovery Center, and Health Psychology.

JBVAMC also has a predoctoral internship training program that has been continuously accredited by APA since 1979, and its activities predate that time. Information about each of the training programs can be found on this website: [Psychology Training | VA Chicago Health Care | Veterans Affairs](#)

The Jesse Brown VAMC is committed to recruiting and retaining a diverse work force and appreciates the benefits of having trainees and staff that represent a wide array of diverse groups across a variety of domains. We value the unique contributions offered by individuals with diverse cultural and personal characteristics and experiences, and understand that these differences improve the climate of the workplace, contribute to more meaningful conversations, and increase the quality of training and the services provided to Veterans.

As a Psychology Service, we are aware that we operate in a system and culture that was not built for a number of minority statuses. We are committed to a process of becoming more aware of the ways in which we may actively facilitate the continuance of policies and processes that oppress minority groups and the individuals who belong to them. We are seeking candidates who are actively engaged in anti-racist work as well as other efforts to shift systemic inequalities for oppressed groups, as we seek to further our collective efforts towards inclusion and equality for all people - veterans and staff included. This is daily, effortful, and uncompromising work, and we are committed to it. We strongly encourage individuals with minoritized identities to apply.



Photo of fall foliage at Graceland Cemetery in Chicago

Program Aims and Outcomes

The fellowship program directly aims to accomplish the education/training missions of VA and JBVAMC specifically by providing a mechanism by which to train future psychologists at an advanced level. Notably, VA trains more psychologists nationally than any other single entity; JBVAMC's fellowship program furthers this interest by providing licensure-terminal clinical training to fellows who are likely to become future VA healthcare providers. Indirectly, the clinical services provided by our postdoctoral fellows contribute to the overall healthcare delivery within VA and, when appropriate, its clinical research missions. The research literature also robustly suggests that the presence of an active psychology training program increases psychology staff job satisfaction and department morale, which directly addresses JBVAMC's vision.

Within this context, the aim of the JBVAMC Psychology Fellowship Program is to train aspiring psychologists in the knowledge, skills, and abilities necessary to meet advanced practice competencies in psychology and to operate as independent professional psychologists in a broad variety of settings upon the culmination of their training. The structure of the program targets competencies that are essential to meeting this aim.

The outcomes desired include the following:

1. Fellows will develop independent practitioner competence and proficiency in general psychological practice, as demonstrated by competence in the domains of psychotherapy, assessment, and consultation.

2. Fellows will develop competence in the integration of scholarly inquiry/clinical science and professional clinical practice, as demonstrated by competence in empirically-supported methods and critical evaluation of clinical science data.
3. Fellows will demonstrate professional behavior consistent with the professional standards and ethical guidelines expected of psychologists by their discipline's norms, as demonstrated by responsiveness to diversity factors as they relate to interpersonal professional interactions and by manifesting characteristics that advance the perception of psychology as a discipline worthy of the public's trust.
4. Fellows will develop a high level of interpersonal insight and openness to criticism, as demonstrated by commensurate behaviors exhibited in supervision and insight-oriented behaviors manifested in interactions with supervisors, peers, and supervisees.
5. Fellows will complete the fellowship with training, knowledge, and proficiencies consistent with that required for licensure.

Program Administration

The program is principally administered by the Director of Training (DoT) for Psychology. The DoT is officially granted 90% of time mapped to administrative and teaching duties related to management of the various psychology training programs. The DoT reports administratively to the Chief of Psychology.

The responsibilities of the DoT involve the direct oversight of all administrative and programmatic resources and functions of all three psychology training programs. This includes all organization, implementation, direction, and evaluation of the programs' operations, including supervisory training, program evaluation, trainee recruitment and selection, recordkeeping, technology development, and compliance, among other duties. More generally, these duties include both day-to-day operations and issues pertaining to the long-term strategic growth and development of the training programs. The DoT also develops and coordinates the didactic programming for all trainees and staff, with a focus on providing high-quality empirically based psychological services within the context of the veteran population. Pursuant to the authority delegated by the Chief of Psychology, the DoT has direct supervisory responsibility over all trainees and is tasked with ensuring that policies relating their conduct and training are established and followed. These policies include those specific to the training programs (i.e., those at the DoT's immediate authoritative discretion) and those pursuant to APA, the Association of Psychology Postdoctoral and Internship Centers (APPIC), VA, and facility guidelines and standards. The DoT is also responsible for ensuring adherence to laws and standards devolving from the fact the training programs coordinate healthcare in two different states (viz., Illinois and Indiana). The DoT continuously collects and analyzes data on all aspects of the training programs for the purposes of quality assurance, policy adherence, program improvement, and accreditation.

The DoT is an ex officio member of the Psychology Training Committee and its Postdoctoral Fellowship Subcommittee. These are advisory bodies that meet monthly to discuss training issues and to provide advice to the DoT on changes that could improve the effectiveness and functioning of the training programs (generally and specific to the fellowship program, respectively). The membership of the Psychology Fellowship Subcommittee consists of the DoT and the clinical supervisors in the fellowship program. Members participate in the recruitment and selection of fellowship program candidates; they also assist the DoT in the evaluation ratings. Current Postdoctoral Fellows are invited to join the Psychology Training Committee if interested.



Photo of Garfield Park in Chicago

Training Model and Program Philosophy

The fellowship program's training model encompasses both experiential and didactic components. The fellowship program's supervising staff provide intensive training experiences to the psychology fellows within a scientist-practitioner model. A multi-pronged training model is employed, reflecting our belief that clinical skills are best developed through the intersection of experiential training (characterized by close supervision, modeling, and guidance from experienced clinical psychologists) with focused scholarly training. Clinical training occurs within the context of specific program areas or "rotations." During each rotation, fellows develop clinical skills in areas of assessment, consultation, and/or treatment, among others, with attention to the specific needs of the population at hand. Supervising staff teach empirically validated treatment modalities and integrate graduated levels of clinical skills and clinical responsibilities throughout the fellow's rotation to assure the fellow's knowledge, skills development,

and general professional growth. Whereas some of our staff members are involved in direct research, all staff members are dedicated to educating fellows within a scientist-practitioner model. Rather than focusing on any one specific theoretical orientation, fellows are encouraged to develop critical thinking skills and sound theoretical conceptualization skills, while integrating scientific and scholarly knowledge with current practice. Fellows learn the value of various interventions and conceptualizations and exercise flexibility in the delivery of their clinical services.

The fellowship program differs from other psychology programs at the JBVAMC in several important ways. First, the fellowship program focuses on training in advanced competencies, which reflects both the most complex level of training that is provided to trainees at this stage of development and the associated higher expectations for their performance. Moreover, the relationship between supervisors and fellows appears more collegial and reflects the higher level professional relatability between fellows and supervisors (i.e., akin to an entry-level clinician status), which is further reflected in fellows' establishing a formal mentorship relationship with another staff member.

The fellowship training program regards psychology fellows' actual duties (in contrast to clinical responsibilities) as reflective of those of a fellow as opposed to a full staff member; the consequence of this is a determination that training needs of the fellows remain the paramount consideration when determining the fellows' activities in the program. At no time are fellows' needs for clinical training subordinated to the agency's need to generate revenue nor does fellow productivity significantly substitute for the delivery of services by the staff. The fellows' service delivery activities are predominantly learning-oriented across all opportunities for clinical exposure, experiential learning, discussion and application of clinical intervention, and supervision.

These boundaries between training and revenue generation are maintained via several mechanisms. First, rotational assignments are determined based upon clinic appropriateness and the availability of staff members to provide meaningful training experiences and supervision, not upon the productivity needs of the clinic where the rotation might take place. Second, whenever practically possible, the medical center does not bill for services rendered by fellows. Third, questions of appropriate productivity are, instead, addressed by members of the training staff in discussion of the fellows' training needs and goals, rather than with service line or facility leadership. Fourth, statements by supervisors that appear to include a discussion of a clinic's or clinician's productivity within the context of a fellow's clinical training responsibilities are immediately addressed by the DoT with the clinician who appears to be blurring these boundaries, and separation of these two domains are thereupon explicitly enforced.

In support of maintaining a training program that assigns service-delivery activities in a learning-oriented way, we limit the fellowship to 40 hours per week so fellows have time to complete other self-care tasks, to spend time with their families, partners, and friends, and to pursue personal interests.

Training Program Overview and Structure

All fellows are required to attend seminars that cover professional topics selected to enhance skills in treating the veteran population, as well as to provide breadth to the training experience. Professional development is reinforced and honed through individual supervision, group supervision, mentorship, and specific seminar topics. Pertinent articles are presented or discussed to encompass current research, theoretical issues, and empirically validated research and to increase awareness of current clinical and political trends in the field of psychology. An appreciation of the cultural strengths and heritage of military or veteran populations is encouraged.

Approximately 85% of a fellow's time is dedicated to clinical activities. Although the exact amount of time that reflects direct clinical care will vary depending on the fellow's exact clinical duties, a reasonable expectation for this activity is approximately 60% of the fellow's overall time. The activities comprising the remaining percentage of this clinical time may include team meetings, program development, documentation, and supervision, among others.

The remaining 15% of a fellow's time is dedicated to seminars, journal club, research or administrative experiential activities, or other ancillary learning experiences. The overall allocation of time may be modified through collaborative discussion and agreement among the fellow, the clinical supervisors, and the DoT.

Program Tracks

Our postdoctoral fellowship training program is a traditional practice program in clinical psychology. The program focuses on achieving advanced clinical and professional knowledge and skills relevant to independent practice in clinical psychology in a variety of clinical settings. The fellowship has two emphases ("tracks") based on diagnostic focus to which candidates specifically apply:

PTSD-SUD-Pain Track—2 positions

The two **PTSD-SUD-Pain Track** fellows receive interprofessional education (IPE) in the treatment and assessment of post-traumatic stress disorder (PTSD), pain, and substance use disorder (SUD). Fellows develop competencies in clinically addressing these diagnoses using empirically based practices (EBPs), with comorbidity among these diagnoses being an emphasis.

SMI Track—1 position

The one **SMI Track** fellow receives interprofessional education (IPE) in the assessment and treatment of severe mental illness (SMI), including schizophrenia-spectrum disorders and severe, chronic mood disorders. The assessment and treatment of clinical conditions characterized by psychosis are emphasized. The

fellow will develop competencies in clinically addressing these diagnoses using empirically-based practices (EBPs).

Significant didactic training generally applicable to competency in psychology and related disciplines is provided to residents regardless of emphasis.

Rotational Structure/Learning Opportunities

Experiential Clinical Rotations

PTSD-Pain-SUD Emphasis

Fellows are assigned to half-time clinical training within a PTSD-focused clinic across the training year. Moreover, fellows should be prepared to dedicate at least 4 hours per week throughout the year to deliver telehealth care to our affiliated community-based outpatient clinics (CBOCs), as part of this PTSD-focused training experience or the other activities described below. The remainder of the fellows' clinical activities is derived from experiences in the Pain Clinic and clinics focused on SUDs—in particular, the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). Each of these two groups of rotations (pain and SUD) serves as a half-time rotation for a six-month period. However, given the extensive overlap between PTSD, SUD, and pain that exists at our facility, fellows will likely be assigned cases throughout the year that substantially reflect these comorbidities and require collaboration in all three types of clinics simultaneously. The rotation divisions are established to ensure that appropriate time is reserved in each clinic for specialty-focused training. Clinical opportunities include the following: in the PTSD Clinic, conducting PTSD assessments, providing individual Cognitive Processing Therapy and Prolonged Exposure therapy, and facilitating group therapy; in the Pain Clinic, conducting pain assessments and facilitating CBT as well as ACT for Chronic Pain group therapy; and in the Substance Abuse Residential Program, conducting screening assessments and providing both individual and group Motivational Interviewing and CBT for SUD therapy. The opportunity to supervise more junior trainees and to conduct training seminars will be integrated into some of these experiences.

SMI Emphasis

The fellow is assigned to rotations within the Mental Health Clinic, the Psychosocial Rehabilitation and Recovery Center (PRRC), and the Psychosocial Residential Rehabilitation Treatment Program (PR RTP). Additional opportunities to engage in administrative work specific to Recovery-based initiatives are also available.

The MHC rotation consists of many opportunities involving assessment, individual psychotherapy, multi-disciplinary team consultation and treatment planning, and psychoeducation. Although the focal population within this rotation will be veterans with SMI, other diagnostic populations may also be seen to support the fellow's overall training in certain interventions and assessment instruments. Training in specific

modalities of treatment (e.g., Cognitive Therapy, Cognitive Processing Therapy for PTSD) will be offered, and fellows are expected to develop flexibility in terms of their orientations toward patient conceptualization. The active management of patients with SMI and crisis management are common activities in MHC.

The PRRC provides a therapeutic and supportive learning environment for veterans with SMI that is designed to maximize functioning in all domains of recovery. The PRRC serves veterans with schizophrenia, schizoaffective disorder, severe, chronic mood disorder, and severe, chronic PTSD who experience serious psychiatric symptoms or any serious impairment in functioning. The PRRC's services include individual recovery planning, individual psychotherapy, and psychoeducational groups focusing on symptom management, coping skills, and life skills, as well as community reintegration work. During the rotation in the PRRC, the fellow serves as a primary clinician for assigned PRRC members, providing individual therapy and community reintegration services, as well as group services to all PRRC members.

PRRTP is a 35-day, 20-bed residential program (currently at a capacity of 10 beds due to COVID precautions) for Veterans who are experiencing a variety of mental health diagnoses including Bipolar Disorder, PTSD, Schizophrenia, Schizoaffective Disorder, and Major Depressive Disorder. A fellow working in PRRTP would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, admission screening, and case management in a residential setting. The uniqueness of the residential environment allows fellows to learn about the Veterans outside of group and individual settings, as they will be able to observe their interactions with peers, conflict resolution skills, and how they function in a group living environment. Opportunities to supervise more junior trainees will be made available in one or more of these treatment settings.

The SMI Fellow is also offered an optional Recovery Services minor rotation, which is a unique opportunity to engage in administrative work in order to learn more about recovery-oriented mental health care, innovative ways to treat serious mental illness, the data and processes involved in VA decision making, the role of peer support, and how to implement facility-wide initiatives and strategic plans.

Didactic Seminar Series

Fellows attend weekly one-hour didactic seminars. Topics are chosen for their clinical and professional development relevance. Fellows will receive didactics on EBP's, professional development, risk assessment and prevention, health disparities, and issues of diversity and minority health. Fellows are also frequently offered access to facility and national level seminars and trainings.

Group Supervision

Fellows also participate in a 60-minute group supervision each week. This professional development consultative group, facilitated by the DoT (and other staff psychologists, pending assignment), is a principal forum for fellows to consult among each other on

challenging cases and to discuss timely professional development issues in a semi-structured manner. In addition to case consultation, topics may include transitioning from a fellow role into a colleague role, models of supervision, cultural humility in supervision, preparing for the EPPP, job searches, effective CV writing, becoming a supervisor, and managing challenging relationships with supervisors.

Administrative Project

Each fellow is required to complete an administrative project during their training year. This project can be related to program development, program evaluation, or performance improvement and will be developed within one of their areas of clinical emphasis and based on an area of interest. The project will be developed with support and oversight of the relevant clinical supervisor or Program Manager with administrative support provided by the DoT. With approval, choosing to become actively involved in an existing project is also an option. The fellow is expected to complete a brief project proposal by the end of the first quarter, which will be submitted to the DoT and the supervising psychologist. Fellows are also expected to provide a formal 60 minute presentation on their project to psychology staff and trainees at the end of their training year.

Mental Health Journal Club

Fellows attend a monthly Mental Health Journal Club, where the discussion of scholarly articles disseminated the prior week is facilitated by a member of a mental health program. Fellows are each expected to select an article and act as the discussant or present on a topic of their choosing at least once during the training year.

Other Professional Development Activities

Fellows can voluntarily sign up to make presentations to the internship and externship cohort throughout the year, as well as to other medical center groups upon request. Fellows are also invited to join the Psychology Diversity Committee, the Psychodynamic Consultation Group, and they can join facility work groups and committees, such as the Jesse Brown for Black Lives Task Force or the LGBTQ+ Health Work Group if interested. Fellows also attend monthly a psychology staff meeting and clinic team meetings based on their clinical rotations.

Length of Program

The fellowship program is a full-time program requiring a one-year commitment by the fellows. Notwithstanding normal leave use and FMLA-equivalent periods of extended leave, fellows must complete 52 weeks of training consecutively, for a total of 2080 hours (as measured by timecard entries over that span). Fellows typically work 40 hours per week. Part-time positions are not offered. Periods of absence not covered by normal leave use need to be approved as much in advance by the DoT as is practically possible; such requests will be considered within the context of the degree to which they can be

incorporated into an appropriate postdoctoral fellowship curriculum while still meeting the program's aims and objectives, while also being logistically feasible.

Elaborated Descriptions of Clinical Rotations

The rotational settings to which the fellows are assigned per the aforementioned rotational structure are elaborated upon below. Please note that the descriptions cover common training experiences within that setting, although these may change somewhat with regard to clinic staffing and patient-care needs.

POST-TRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT):

Primary Supervisors:

- Justin Greenstein, Ph.D., PTSD Clinic Program Manager, PTSD Clinic Psychologist Justin.Greenstein3@va.gov
- Ellen Koucky, Ph.D., Military Sexual Trauma Coordinator, PTSD Clinic Psychologist Ellen.Koucky2@va.gov

Additional PTSD Clinic Staff:

- Kat Cline, Psy.D., Evidence-Based Psychotherapy Coordinator, PTSD Clinic Psychologist Kathryn.Cline2@va.gov
- Eric Glessner, LCSW, PTSD Clinic Social Worker Eric.Glessner@va.gov
- Andrea Mosqueda, Ph.D., PTSD-SUD Specialist, PTSD Clinic Psychologist Andrea.Mosqueda@va.gov
- Eric Proescher, Psy.D., M.P.H., MH-SERV Outreach Psychologist, Whole Health Champion, Program Manager of VITAL Program, Alternate Program Manager of Military2VA (M2VA), Mental Health Spokesperson for MHSL, PTSD Clinic Psychologist Eric.Proescher@va.gov
- Elizabeth “Libby” Stevens, Ph.D., PTSD Clinic Psychologist Elizabeth.Stevens2@va.gov
- Sonia Wisniewski, APRN, PTSD Clinic Advanced Practice Nurse Sonia.Wisniewski@va.gov

The PTSD Clinical Team (PCT) is a specialty outpatient treatment program that provides individual trauma-focused psychotherapy to Veterans of all eras who are diagnosed with PTSD due to a traumatic event that they experienced in their lifetime, including combat, sexual assault, accidents, as well as many other events. The primary goals of the PCT are to assist Veterans in reducing their symptoms of PTSD and aiding Veterans in their recovery by helping them toward living the kind of life that they want to have. The method most commonly used to help Veterans reach this goal includes the delivery of evidence-based psychotherapies for PTSD. Some Veterans also engage in medication management with a psychiatrist in the outpatient Mental Health Clinic.

The population served by the Jesse Brown VA Medical Center's PCT has complex needs that often include daily stressors in addition to PTSD. Comorbidity is the rule rather than the exception, and substance use disorders, mood disorders, anxiety disorders, and more

are often diagnosed in addition to PTSD. Rates of poverty, unemployment, and homelessness are also high among the client population and add opportunities to gain a broad experience with typically underserved groups in addition to the rotation's focus on learning and implementing evidence-based psychotherapies.

Fellows working in the PCT are a valued component of an interdisciplinary staff that includes psychology, social work, and nursing. The PCT meets weekly for case consultation and discussion of administrative issues. Clinical activities during this rotation are flexible and can be determined through discussion with supervisors by a combination of the fellow's interest and clinic need.

A basic organizing structure for a typical rotation example includes the following:

Assessment: Fellows generally conduct diagnostic assessment interviews. The referrals may include a mixture of clients referred specifically to the fellow for ongoing individual psychotherapy, those referred to PCT with a lack of diagnostic clarity, and those referred for consultation related to their experience of military sexual trauma. In addition to clinical interviewing, these referrals include opportunity for gaining experience using the Clinician-Administered PTSD Scale (CAPS-5) and a variety of self-report measures of psychopathology (e.g. PCL-5, PHQ-9, BAM, etc.).

Individual Psychotherapy: Fellows typically carry a caseload of individual patients during their PCT rotation. Each fellow on this rotation is intended to receive training and consultation in evidence-based psychotherapy with opportunities for Prolonged Exposure therapy (PE), Cognitive Processing Therapy (CPT), as well as other trauma-focused therapies including Written Exposure Therapy, Adaptive Disclosure Therapy for moral injury, and other interventions. Each fellow can anticipate gaining diverse experience of working with veterans of different eras, trauma types, gender, and cultural backgrounds. As not all veterans elect to participate in either PE or CPT, there are also opportunities to work with veterans who are struggling with motivation to change, and to use more basic skill-building and supportive approaches in addition to delivery of evidence-based psychotherapies.

Group Psychotherapy: Fellows can gain a wealth of group psychotherapy experiences during the PCT rotation. Fellows typically select multiple groups that they will co-facilitate along with another staff member. Fellows have the additional option of creating their own group in collaboration with a supervisor to add a new offering to assist veterans who seek services with the PCT.

Supervision: In addition to the above offerings, fellows will spend weekly time in supervision for both their individual cases and groups. Fellows may also provide supervision to a psychology intern or extern during the training year under the supervision of their supervisor.

Administration/ Program Development: Time is allotted for progress note documentation as well as elective special projects taken on by the postdoctoral fellow.

CHRONIC PAIN CLINIC

Supervisor: David Cosio, Ph.D., ABPP, david.cosio2@va.gov

Required activities in this rotation include supervision, participation in Pain Education School, group psychotherapy, individual assessment, Alphastim electrical stimulation therapy, and administrative time.

The fellow assigned to this rotation will have the following training opportunities:

- **Conduct initial assessments with all new patients in the Pain Clinic.** The fellow will meet with patients scheduled in the Pain Psychology Clinic to undergo initial assessments. The assessment includes a past and present history of pain management and inpatient/outpatient mental health/addictions history. Health behaviors are also assessed to determine which of 28 different pain treatments available at the JBVAMC are appropriate for referrals. Fellows will then present cases to the psychologist using a medical model. All paperwork is required to be entered within 24 hours.
- **Learn about the multidisciplinary team through consultation and liaison services.** The fellow will have the opportunity to observe the psychologist in the Pain Clinic maintain discussions and collaborate with other disciplines in the hospital that deal with pain patients. The fellow will also attend the Pain Clinic Interdisciplinary meeting held weekly to observe how a multidisciplinary team discusses cases and creates continuation of care plans. The fellow will also present topics during that meeting at least once during his or her rotation. The fellow may also have the opportunity to shadow other providers in the Pain Clinic, including pain physicians, pharmacist, and the osteopath.
- **Co-facilitate psychotherapy groups.** The fellow will be expected to co-facilitate a group with the psychologist. The fellow will be offered a combination of groups, including the PTSD and Pain CBT Group and the Pain CARF ACT Group (when available). The PTSD and Pain CBT Groups are 12-weeks long for 1 hour/week. The Pain CARF ACT Groups are 10-weeks long for 1 hour/week when there are patients participating in the 12-week CARF-accredited Interdisciplinary program. The fellow will be expected to be prepared each week with the group lesson.
- **Learn about other pain modalities in Pain Education School.** Pain Education School is a 12-week educational program that is open to all veterans and their families. It is a comprehensive program that introduces patients to 28 different disciplines at JBVAMC that deal with chronic pain. Each discipline will share information about pain from the discipline's perspective, what treatments are available to veterans in their service, and how to set up appointments in their respective clinics. As a behavioral pain specialist, it is imperative that fellows gain a wealth of information and a basic understanding about other treatment modalities available within their assigned setting. The fellow will also be expected to present a topic at least once during Pain Education School.

- **Provide individual Alphastim training to Pain Patients.** The intern will have the opportunity to learn about Alphastim electrical stimulation therapy. The intern will have the opportunity to become certified and receive continuing medical education credits. The intern will meet with patients for up to 6-sessions to determine the appropriate technique and prescription.
- **Conduct Spinal Cord Stimulator (SCS) psychological evaluations.** The fellow may be offered an opportunity to conduct a SCS psychological evaluation and neuropsychological screening, which includes a battery of questionnaires and an intake interview (approximately 4 hours in duration). The battery includes the MMPI-2, BDI-II, BAI, MMSE, and the COGNISTAT.
- **Obtain supervision from the psychologist.** The fellow is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and/or discuss professional development. Fellows may have the opportunity at times to supervise an intern and an extern with the consent of the trainees.
- **Conduct outcome research.** The fellow may have an opportunity to participate in outcome research studies investigating the effectiveness of groups, Pain Education School, and the multidisciplinary approach provided by the Pain Clinic that are currently ongoing.

SUBSTANCE ABUSE RESIDENTIAL REHABILITATION TREATMENT PROGRAM (SARRTP)

Supervisor: Dawn Brown, Ph.D.; Dawn.Brown1@va.gov

The Substance Abuse Residential Treatment Program (SARRTP) is an integrated care team environment that provides the opportunity for Veterans struggling with substance abuse, and co-occurring mental health issues, to gain skills for maintaining their recovery. Interns can elect to complete a major rotation (20 hours per week) or minor rotation (6 hours per week).

SARRTP is a 35-day, 20-bed residential program (currently at a capacity of 11 beds due to COVID precautions) for Veterans who primarily struggle with substance dependence; however, many also present with additional comorbid mental health diagnoses (e.g., Major Depressive Disorder, PTSD). Veterans commit to attending daily groups and weekly individual sessions with their case manager. Groups focus on building and solidifying motivation for recovery and the development of coping skills to prevent relapse. Additionally, Veterans learn ways to regulate their emotions, build relationships, and create lifestyle changes. Individual therapy often focuses on helping Veterans utilize the coping skills they are learning in groups, as well to simultaneously manage symptoms of depression, PTSD, anxiety, or mental health challenges. SARRTP functions as an integrative care unit, and clinicians often consult with psychiatrists, medical teams,

vocational rehabilitation counselors, peer support specialists, and other substance abuse treatment programs.

A post-doctoral fellow working in SAR RTP would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, admission screening, and case management in a residential setting. The uniqueness of the residential environment allows fellows to learn about the Veterans outside of group and individual settings, as they will be able to observe their interactions with peers, conflict resolution skills, and how they function in a group living environment. This provides a setting where the clinician can more fully understand challenges the Veteran may experience in their life and ways these issues may intersect with their substance use. Some of the current therapy groups include CBT for relapse prevention, Acceptance and Commitment Therapy, and Resiliency In Vulnerability & Empathy: Reducing Shame (RIVERS, developed based on the work of Brené Brown). Supervision would focus on providing short-term care in a residential setting and developing intervention skills for substance use. This would include the integration of motivational interviewing (MI), facilitation of group therapy, conducting screenings for admission to the unit, and the opportunity to be a part of an integrative care treatment team.

MENTAL HEALTH CLINIC (MHC)

Supervisor: Dr. Jena Gomez (jena.gomez2@va.gov)

The Mental Health Clinic rotation consists of many opportunities involving assessment, individual psychotherapy, interprofessional team consultation and treatment planning, and psychoeducation. Because of the breadth of the patient population available in this rotation, the training experiences available in the MHC rotation are especially fitted to the fellow's training needs and goals. Common diagnoses treated in the MHC include MDD, GAD, PTSD (both military and non-military trauma), psychotic spectrum disorders, bipolar disorders, and co-occurring substance use disorders and medical diagnoses. Recent fellows have used this rotation to focus on honing their implementation of integrative and evidence-based therapies, including CBT for depression, CBT for anxiety, STAIR, and time-limited dynamic interventions. There are also opportunities to provide evidence-based trauma focused treatment, such as Cognitive Processing Therapy or Prolonged Exposure, if interested. Additionally, there are opportunities to gain further experience in treating women veterans, integrating assessment into an extended treatment plan, and using an integrative approach toward patient conceptualization and therapeutic interventions. Taking an active role in case management is expected to be prominent in this rotation. The active management of patients with serious mental illness and escalating the care of patients in crisis are common these in MHC. Finally, Dr. Gomez also serves as the VVC Champion of Jesse Brown, which allows for opportunities to attend and participate in monthly VISN-level and National-level Telemental Health Champion Calls.

PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC)

Supervisor: Anne “Caitlin” Gaske, PsyD: Anne.Gaske@va.gov

The Psychosocial Rehabilitation and Recovery Center (PRRC) at JBVAMC is funded by VA Central Office. Veterans diagnosed with serious mental illnesses (defined as Schizophrenia, Schizoaffective Disorder, and Psychosis NOS) are encouraged to self-determine life goals and develop the necessary skills and supports to achieve these objectives. Recovery is defined not as a cure of mental illness, but rather as successful effort toward reintegration into the community. Veterans learn to regain meaning, purpose, and personal control in their lives through supportive reentry into community-integrated employment, education, housing, spiritual, family, and social activities.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with six other federal agencies, the term recovery consists of ten fundamental components: self-direction, individualization, empowerment, holism, non-linearity, focus on strengths, peer support, respect, responsibility, and hope. The PRRC at JBVAMC is designed to be an educational program with an academic model emphasizing the incorporation of these ten fundamental components. Group-oriented classes are offered over the course of three 12-week semesters. Veterans self-determine the number and type of academic courses in which they wish to engage. By offering veterans a strength-based approach to care, treatment, and services, the PRRC program aims higher—toward a framework of hope, healing, and empowerment. Veterans will learn to self-determine their own goals and develop wellness strategies to achieve an improved quality of life and a greater sense of independence. Successful completion of the PRRC is designed to enable veterans with serious mental illness to become more independent and community-integrated with continuing access and utilization of appropriate outpatient mental health services and support as needed.

The PRRC consists of a multi-disciplinary staff from the fields of psychiatry, psychology, nursing, social work, recreational therapy, vocational therapy, and peer support working together in a unified treatment team approach to recovery. The psychology fellow will work closely with all members of this multidisciplinary treatment team. The fellow will be responsible for delivering clinical care to veterans and assisting them with achieving their self-determined therapeutic goals. Specifically, the fellow will help veterans develop an individualized wellness plan, socialization and coping skills, family education, dual diagnosis treatment (if necessary), independent living skills and a social support network, and employment in the community (if desired). Additionally, the fellow will be involved in continued program development projects, and the writing and updating of course curriculum to ensure that the material is based upon the best evidence-based treatment practices in the field.

Because the PRRC program consists primarily of therapy groups, the fellow will develop expertise in this therapeutic modality and will be supervised specifically in conducting group therapy. Because the VA mental health field adopts an emphasis on positive psychology, recovery, and evidence-based treatment, the fellow at JBVAMC will have

the opportunity to be at the forefront of cultural change and will have a competitive advantage in furthering their professional development.

PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM (PRRTP)

Supervisor: Dawn Brown, Ph.D., Dawn.Brown1@va.gov

The Psychosocial Residential Treatment Program (PRRTP) is an integrated care team environment that provides the opportunity for Veterans struggling with severe mental health issues to gain skills for better managing their mental health symptoms.

PRRTP is a 35-day, 20-bed residential program (currently at a capacity of 10 beds due to COVID precautions) for Veterans who are experiencing a variety of mental health diagnoses including Bipolar Disorder, PTSD, Schizophrenia, Schizoaffective Disorder, and Major Depressive Disorder. Veterans commit to attending daily groups and weekly individual sessions with their case manager. PRRTP assists Veterans with mental health and medical treatment, structure, and support to address multiple and significant psychosocial stressors, including homelessness, chronic medical conditions, and unemployment. The PRRTP treatment team also encourages and facilitates the active rehabilitation of Veterans in the program by providing opportunities for education, skills training, peer support, community linkage, and the coordination of services with other VA providers. Daily groups focus on building and solidifying coping skills to manage mental health symptoms and skills for daily living. Additionally, Veterans learn ways to regulate their emotions, build relationships, and create lifestyle changes. Individual therapy often focuses on helping Veterans utilize the coping skills they are learning in groups to help them manage symptoms of depression, PTSD, anxiety, or other mental health challenges. PRRTP functions as an integrative care unit, and clinicians often consult with psychiatrists, medical teams, vocational rehabilitation counselors, peer support specialists, and other substance abuse treatment programs.

A fellow working in PRRTP would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, admission screening, and case management in a residential setting. The uniqueness of the residential environment allows fellows to learn about the Veterans outside of group and individual settings, as they will be able to observe their interactions with peers, conflict resolution skills, and how they function in a group living environment. This provides a setting where the clinician can more fully understand challenges the Veteran may experience in their life and ways these issues may intersect with their mental health challenges. Some of the current therapy groups include DBT, Acceptance and Commitment Therapy, understanding psychosis, and Resiliency In Vulnerability & Empathy: Reducing Shame (RIVERS, developed based on the work of Brené Brown). Supervision would focus on providing short-term care in a residential setting and developing intervention skills for severe mental illness. This would include the integration of individual treatment, facilitation of group therapy, conducting screenings for admission to the unit, and the opportunity to be a part of an integrative care treatment team.

RECOVERY SERVICES

Supervisor: Colleen Kagan, Ph.D., colleen.kagan@va.gov

The Recovery Services minor rotation provides fellows with the unique chance to engage in administrative work in order to learn more about recovery-oriented mental health care, innovative ways to treat serious mental illness, the data and processes involved in VA decision making, the role of peer support, and how to implement facility-wide initiatives and strategic plans. This a great opportunity to learn more about the behind-the-scenes work that happens within the VA system and to gain experience for administrative or leadership roles in the future. It is also a wonderful primer in holistic and interdisciplinary mental health care. It is comprised of a variety of opportunities including program evaluation & development, networking, Veteran outreach, and education/awareness-raising activities around the medical center and in the community. The specific rotation experiences are flexible depending on the interest of the fellow and the events/projects occurring during the training period.

Mentorship Program

At the beginning of the fellowship, each fellow selects one member of the available psychology staff as a mentor for the duration of the fellowship. Mentors and mentees meet for a minimum of one hour per month and review training and professional development goals for the year. Mentors share knowledge, counsel, and advice and serve as a role model and support system for the mentee. The relationship is intended to foster a focus on longer-term developmental goals and is non-evaluative in nature. A fellow's clinical supervisor can serve as a mentor, but mentors are asked to separate this responsibility from any clinical supervisory duties in terms of their time commitment to the fellow. The relationship is intended to foster a focus on longer-term developmental goals, with separation from active clinical work. Mentorship is available in a variety of areas, including but not limited to career planning, diversity and social justice, and work-life balance. Fellows may also select their mentor based on the mentor's areas of clinical/research interest, administrative/leadership roles, personal identities, and training backgrounds, among others.

Training Plan and Self-Assessment

At the beginning of the fellowship year, the fellow seeks guidance from their mentor to complete a training plan assessment that allows them to thoughtfully self-assess their prior experience with respect to our training objectives. This self-assessment consists of the fellow's identifying their standing on the core competency indicators that are also used by supervisors to evaluate the fellow. The purpose of this self-assessment is to ensure that the manner in which the program engages the fellow in training is commensurate with the fellow's background and interests. The training plan derived describes the settings and training experiences within these settings that will help to meet programmatic goals and objectives. Upon completion, this form is submitted to the DoT, who reviews this form with applicable training staff to ensure its comprehensiveness and

feasibility. At the mentor's or fellow's initiative throughout the year, an analogous process can be initiated to revise the training plan.

Program Competencies

The goal of JBVAMC's fellowship program is to help fellows develop their skills in the discipline of psychology with a particular focus on a set of competency domains (items 1-9 below); the specific competencies that fellows are expected to develop over the training year are nested within each competency domain. Only core competencies are shown here; additional specific competencies are identified and used for each track. Please see the "Supervision and Evaluation" section for a description of how mastery of these competencies are evaluated across the program year.

1. Research

Trainees demonstrate the ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications, and program evaluation).

Specific Competencies

1. Seeks out current literature related to clinical work or current research project. References appropriately when indicated
2. Demonstrates critical thinking in research/scholarly endeavors
3. Is able to effectively summarize relevant literature in case conferences, research presentations, or professional talks
4. Exhibits awareness and adherence to ethics in research/scholarly inquiry

2. Ethics and Legal Standards

Trainees act professionally and ethically. This includes behavior in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.

Specific Competencies

1. Demonstrates critical thinking about ethics issues
2. Exhibits knowledge of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct in <i>all</i> professional endeavors (e.g., assessment, intervention, research, consultation communication, etc.)
3. Exhibits knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
4. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve them

3. Individual and Cultural Diversity

Trainees develop and demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including awareness of their own identities and biases and the ability to deliver high quality services to an increasingly diverse population.

Specific Competencies

1. Demonstrates sensitivity and responsivity to issues of individual and cultural diversity

2. Possesses an understanding of how their own personal/cultural identities, history, attitudes, and biases and how these might impact their understanding and intersection with patients
3. Integrates awareness and knowledge (including current theoretical and empirical knowledge) of individual and cultural diversity across the full range of professional roles
4. Demonstrates the ability to work effectively with individuals with diverse backgrounds and identities
5. Demonstrates understanding and appreciation of patients' Veteran identity and their associated military and post-military experiences
6. Recognizes and attempts to diminish the impacts of health disparities their patients may experience

4. Professional Values, Attitudes and Behaviors

Trainees demonstrate a developing professional identity across all areas of training, supervision, and clinical activities.

Specific Competencies

1. Comes prepared for and uses consultation/supervision productively
2. Demonstrates openness to feedback in consultation/supervision
2. Is dependable and promptly notifies supervisors and other relevant parties of any unexpected absences or tardiness
3. Appropriately manages boundaries in all professional contexts
4. Acknowledges one's competencies and limitations (i.e., has good self-appraisal skills)
5. Concern for the welfare of others and their general well-being is evident in all professional contexts
6. Conducts self in a professional manner across all professional settings

5. Communication and Interpersonal Skills

Trainees develop effective communication skills and the ability to form and maintain successful professional relationships

Specific Competencies

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1. Demonstrates sound case conceptualization skills and utilizes professional language and constructs
2. Writes reports that integrate background history, medical information, interview and test data
3. Establishes good working relationships with others, including psychology staff and professional from other disciplines
4. Understands diverse views in complicated interactions
5. Professionally documents (i.e., timely, accurately, and concisely) all assessment, interventions, and interactions into the medical record
6. Effectively manages interpersonal challenges and conflict in relationships as they arise

6. Assessment

Trainees develop competence in evidence-based assessment with a variety of diagnoses, problems, and needs.

Specific Competencies

1. Demonstrates diagnostic interviewing skills, including the capacity to make a differential diagnosis
2. Performs risk assessments consistent with standards of practice
3. Conducts interviews, assessments, and evaluations within reasonable timeframes
4. Selects appropriate assessment/evaluation tools
5. Appropriately administers and scores test instruments
6. Appropriately interprets administered test instruments
7. Reviews and incorporates information from the medical record, collateral sources, and considers context specific factors, into the assessment or evaluation
8. Demonstrates case conceptualization skills in formulating a summary and when providing recommendations
9. Effectively communicates results or feedback to patients, their supporters, and other professionals
10. When performing an assessment, manages workload effectively

7. Intervention

Trainees need to develop and demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems, and needs and across a range of therapeutic orientations, techniques, and approaches.

Specific Competencies

1. Develops and maintains a good working relationship/therapeutic alliance with the patient or parties involved in consultation efforts
2. Performs informed consent and explains limits to confidentiality
3. Responds promptly and appropriately to patient needs.
4. Able to effectively case conceptualize, incorporating the current literature as appropriate
5. Effectively applies strategies and techniques within clinical work and consultation efforts. Uses appropriate interventions (evidenced-based treatments) for the particular clinical setting
6. Develops an appropriate treatment plan informed by the patient's needs/preferences, contextual factors, and any assessment findings
7. Effectively evaluates the goals of treatment intervention or consultation, including ongoing assessment of treatment and intervention outcomes, and modifies the treatment plan accordingly
8. Engages in effective termination and referral processes where indicated

8. Supervision

Trainees develop competence in supervision and teaching by effectively communicating psychological principles, procedures, and/or data. If the trainee is not providing tiered supervision to a more junior trainee, then the supervisor is rating the trainee's broad based knowledge of supervision and their observed abilities as a teacher or presenter.

Specific Competencies

1. Demonstrates knowledge of supervision theories/strategies
2. Builds good rapport with supervisee/audience/peers and establishes a safe learning environment
3. When leading supervision groups, journal club discussions, and/or training groups, demonstrates understanding of process/dynamics issues and provides effective direction, leadership, and feedback
4. Establishes clear goals, objectives, and agendas for supervision, teaching activities, and/or presentations

9. Consultation and Interprofessional/Interdisciplinary Skills

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees apply this knowledge in direct consultation with patients, their supporters, other health care professionals, interprofessional groups, and/or systems related to health and behavior.

Specific Competencies

1. Communicates well with referral sources or relevant providers, particularly when providing feedback/describing their work
2. Is able to perform case consultation/conceptualization in Interprofessional/interdisciplinary contexts
3. Works with individuals of other professions to maintain a climate of mutual respect and shared values in regards to interprofessional practice. This includes appreciation and integration of contributions and perspectives of other professions.



Photo of community garden with buildings in the background in Chicago

Supervision and Evaluation

One hour of scheduled, face-to-face supervision by each clinical supervisor per week is a required element of each training rotation (exception to this is that one half hour per week is required for the Recovery Rotation, which is non-clinical and comprised of fewer hours per week than the clinical rotations). Any experience wherein the fellow is supervising a more junior trainee will also demand at least one additional half hour of supervision of supervision. Along with the weekly Group Supervision meeting, all fellows receive at least 2 hours of individual supervision weekly. Frequent unscheduled ad hoc supervisory meetings are also encouraged and have been found to occur frequently across the week for most of our fellows. Supervision focuses on providing a deep understanding of the clinical decisions undertaken and behaviors executed in administering psychotherapy by the fellow, delivered at a level akin to peers discussing cases. It is expected that the tenor of supervision should be far less prescriptive than in an intern-level supervisory relationship and more collegial and consultative in nature.

Fellows evaluate their supervisors and present these evaluations in written form. A copy of the evaluation form to be used is shared with fellows at the beginning of the year. The purpose behind such evaluation is to facilitate providing periodic, formal feedback to the supervisor and the program about the relative strengths and weaknesses of a supervisor's delivery of supervision and the rotation as a whole. This process seeks to foster dialogue between the supervisor and fellow with regard to improving the fellow's learning and the supervisor-supervisee relationship. It also seeks to provide a fellow-driven mechanism by which to evaluate supervisor competency in the program.

In the other direction, supervisors provide fellows an assessment of their current state of professional development through the use of a written evaluation. Scheduled evaluations occur quarterly by each rotation supervisor on their respective fellow. The DoT reviews all evaluations occurring at the same interval and consults with the training staff as needed for clarification, elaboration, or to address any notable discrepancies in ratings. The fellow will be determined to be successfully meeting training goals when their quarterly intermediate-year aggregate ratings on primary competencies are rated as meeting the following thresholds:

For evaluations occurring prior to the final, 12-month evaluation, at least 80% of all rated specific competencies will be rated at 5 (*Intern Exit Level/ Postdoc Entry Level*) or higher. No specific competencies will be rated a 3 (*Extern Exit Level/Intern Entry Level*) or below.

For successful completion of fellowship, at least 80% of all rated specific competencies will be rated at a 7 (*Postdoc Exit Level*). No specific competencies will be rated as 3 (*Extern Exit Level/Intern Entry Level*) or below.

Remediation plans will be instituted when the above criteria are not met, or when individual clinical supervisors raise specific concerns that are considered serious enough by the DoT to merit that such a step be taken (i.e., not expected to self-correct as a natural consequence of participating in the rotation). A comprehensive remediation policy is

provided and reviewed by the training program at the beginning of the fellow's training year.



Photo of a mural on a building across from the Morgan Street CTA Station

Program-Related Feedback

Fellows have multiple mechanisms by which they are involved in decisions central to training, education, and the program in general. First, they are required to participate in the monthly psychology staff meetings that focus on discipline-level concerns across the facility, which also affords an immediate avenue by which to affect change impacting all members of the Psychology Service. Second, as elaborated upon elsewhere, fellows are offered the opportunity to voluntarily participate in the PTC and its constituent subcommittees. Third, the DoT also meets at least twice with the fellows to discuss their progress and discuss the training program, and exit interviews at the completion of fellowship are conducted and are an opportunity for the fellow to provide comprehensive feedback to the DoT. Fellows may also contact the Chief of Psychology if they wish to provide feedback that is de-identified prior to the DoT's receipt of it. Requests for ad hoc meetings and written correspondence with the DoT are honored without exception. A formal written feedback evaluation mechanism is also required at the end of the year. All feedback received from fellows is reviewed by the DoT, and summaries of items needing elaborated discussion are provided on a regular basis to relevant staff and leadership.

Qualifications for Licensure

Because JBVAMC's fellowship program recruits candidates nationally whose careers following the postdoctoral experience are not geographically constrained, the program does not restrict itself to training experiences that are wedded to a single state's licensure requirements. However, fellows can anticipate that the default training experience on fellowship will meet all supervised postdoctoral experience requirements for licensure as

a Clinical Psychologist in the state of Illinois, notwithstanding any unanticipated changes or interpretations made by the State of Illinois Division of Professional Regulation to the qualifications and requirements of licensure. If a fellow is uncertain about a future jurisdiction of licensure that might be pursued, the DoT will arrange any modifications to the fellowship experience that will similarly meet future jurisdictional requirements to the extent that they can be anticipated, within the bounds of the program's extant aims and structure.

Administrative Policies

More information regarding administrative policies for fellows, including specific information about leave policies, due process, and grievance policies and other information, is available upon request. This information will also be distributed and reviewed during orientation:

- Information on fellow performance evaluation not meeting expectations;
- Procedures for fellow retention and termination; and
- Due process and grievance procedures for fellows and training staff.

Policies and procedures established by rotational programs/clinics are provided to fellows by clinical supervisors and relevant program managers in the same manner by which these are shared with any other member of the respective program/clinic. The manner in which these are codified may vary depending on the particular rotational environment and its leadership. Clinical supervisors hold ultimately responsibility for ensuring that the fellows working in their clinics are aware of and adhere to these policies.

Due Process Statement

All fellows are afforded the right to due process in matters of problematic behavior and grievances. The due process and grievance procedures are disseminated and reviewed upon the fellows' orientation to the program.

Privacy Policy

Our privacy policy is clear: we will collect no personal information about you when you visit our website.

Self-Disclosure

We do not require fellows to disclose personal information to the training staff except in cases where personal issues may be adversely affecting the fellow's performance and is thought to be necessary for remedying the situation. Should such self-disclosure be required, the DoT or Chief of Psychology will be responsible for initiating this process and will attempt to limit the distribution of any information disclosed to the most limited extent possible for effecting the change.

Representation of Status

The program's fellows are formally entitled "Postdoctoral Fellows in Clinical Psychology." An appended title frequently includes "with Emphasis on [Track]" is also frequently employed in order to permit clearer communication with staff outside the program, although this elaboration does not appear of the final certificate of completion and is not considered an essential part of any fellow's title. At the outset of every clinical interactions with a patient under the fellow's care, as early as is practically possible, a fellow is required to disclose their title and the fact that they are operating under the license and supervision of their specific clinical supervisor. This disclosure must be recorded in the first note written in the patient's chart by a fellow, unless such disclosure could not appropriately be made due to the need to provide emergent patient care.

Library Resources

Our fellows may use our VA's Medical Library. Also, the University of Illinois Library of the Health Sciences is just two blocks away. Our Medical Library supports our efforts in patient care, patient education, teaching, and research. Many online resources are available to the fellows and are accessible in each office, including OVID and Medline.

Office Space and Computer Resources

We do our best to ensure that each psychology fellow has consistent access to one or more office spaces or workstations, and all fellows will likely be issued a VA laptop to use for the duration of the training year. Rotation supervisors might also have dedicated space to use when working on a particular rotation, and there are also individual and group treatment rooms available for reservation. All offices have access to the VA server, which contains computerized patient charts. All mental health notes are entered in the computer charting system, CPRS.

Stipends, Leave, Benefits, and Start Date

Stipend: As of the 2022-2023 training year, the one-year full-time postdoctoral fellowship provides a \$51,385 stipend paid in 26 biweekly payments.

Leave: Fellows are allocated 13 sick leave and 13 annual leave (vacation) days for the training year, accrued over the course of the year. Additionally, all federal employees enjoy 11 paid federal holidays annually. Fellows are also granted additional professional leave (paid, off-station time) to attend or present at major professional conferences, take the EPPP, and attend job-related interviews, pending administrative approval.

Health Insurance: Veterans Affairs offers optional health insurance for psychology fellows. There are a wide variety of federal health benefits programs to choose among, some of which include basic dental and vision care.

Life Insurance: The VA offers optional life insurance for psychology fellows.

Public Transportation Vouchers / Parking: For employees who take public transportation to work every day, the federal government will provide transit vouchers that can be used on public transportation throughout the Chicago area. Fellows can sign up for this benefit on their first day at work. For fellows who drive to work, there is parking at the Chicago Juvenile Detention Center parking lot at 1100 S. Hamilton Avenue for \$2/day. Pending availability, fellows may also park in the garage adjacent to JBVAMC at the Ogden Avenue entrance for a reduced fee of \$5.75/day. At present, there is a waitlist to secure permitted daily parking in this lot.

Other Benefits: All employees have free use of exercise equipment during employee hours or after hours in our Wellness Center (hours and access vary, due to COVID-19). In addition, the University of Illinois at Chicago has a gym that is across the street from the VA, and fellows receive reduced employee membership rates. Fellows may use the Medical Library and VA internet resources for research, including computer database searches and interlibrary loans. Fellows may receive a free physical exam upon being hired for federal service, along with a TB test. All employees are eligible for the services of the Employee Health Office, which include free vaccinations for Hepatitis B, influenza, and COVID-19.

Malpractice Insurance: Malpractice liability coverage is provided for fellows through the protection of the Federal Tort Claims Act. A 1999 VA directive has established malpractice coverage under federal regulations for off-site rotations.

Start Date: The fellowship year traditionally begins in late August or early September. The 2023-24 fellowship year is tentatively planned to begin on August 28, 2023.



Photo of public art in Skinner Park in Chicago on a winter day

Staff/Mentor Directory

A bit about each of us written in our own words

**Denotes a staff member available to serve as a mentor for the 2022-23 training year*

***Ryan Andresen, Psy.D. (he/him):** Dr. Andresen graduated from The Chicago School of Professional Psychology in 2019. He did his internship and fellowship at the South Texas Veteran's Health Care System in San Antonio, Texas with special interests in psycho-oncology, helping those receiving chemotherapy, and chronic medical issues. He also worked with the rural population at their sister site, the Kerrville VA. His professional interests include: psycho-oncology, medical psychology, and mentoring students. He decided to come back to Chicago because it's an amazing city (and family lives close by). Prior to school, he was in Miami working with the homeless population. In his free time he enjoys playing with his dog, Loki (a Bichon Frise), cooking, and exploring the city trying to find the best restaurants. He also enjoys family events, especially when grilling or smoking brisket is involved.

Keisha Battle, Psy.D. (she/her/hers): Dr. Keisha Battle graduated from the University of Illinois in Champaign-Urbana with a bachelor's degree in Psychology and a minor in Spanish. After years of working in the insurance industry, she decided to pursue graduate studies. Dr. Battle graduated from Roosevelt University with a doctorate in Clinical Psychology in 2015. She completed internship at the Madison VAMC and spent 3 years at the Milwaukee VAMC in Primary Care Mental Health Integration (PC-MHI). Currently, Dr. Battle is the PCMH Program Manager at Jesse Brown VA and works in the Women's Health primary care clinic. Dr. Battle's professional interests include insomnia/sleep disorders, race-based stress and trauma, and the experience of personal psychotherapy for psychology doctoral students. She is trained in cognitive behavioral therapy (CBT), CBT for insomnia, CBT for chronic pain, acceptance and commitment therapy, problem solving therapy, cognitive processing therapy, and prolonged exposure. Her hobbies include the performing arts and cooking.

Kelsey Berry, Psy.D. (she/her/hers): Dr. Berry completed her undergraduate degree in psychology at the University of Illinois in Champaign-Urbana. She graduated from Northwestern University in Downers Grove, IL in 2020 with her doctorate in clinical psychology. Dr. Berry completed her internship at the Battle Creek VA in Michigan in their health track. She then served as the geropsychology postdoctoral fellow in the at Captain James Lovell FHCC in North Chicago, working with Veterans in the Community Living Center and primary care. Dr. Berry is currently a PCMH psychologist at the Adam Benjamin, Jr. CBOC. Areas of clinical interest include insomnia, stress management, chronic pain, adjustment to chronic health conditions, health behavior change, and geropsychology. She also maintains an interest in research and recently began serving as a dissertation committee member at Northwestern University in the clinical psychology program. In her free time, Dr. Berry enjoys spending time with her family, friends and two dogs, trying new restaurants in Chicagoland, and attempting DIY home improvement projects.

Irina Beyderman, Ph.D. (she/her/hers): Dr. Irina Beyderman received her master of science and doctorate in clinical psychology from the Illinois Institute of Technology (IIT) in Chicago. She completed her clinical internship and post-doctoral fellowship at the Jesse Brown VA Medical Center. Dr. Beyderman's clinical and research interests include anxiety and mood disorders, PTSD, substance abuse, chronic pain management, emotion regulation, and developmental antecedents of psychopathology. Dr. Beyderman's approach integrates cognitive behavioral (CBT), acceptance and commitment (ACT), dialectical behavioral (DBT), and interpersonal (IPT) psychotherapies. Dr. Beyderman is a certified Cognitive Processing Therapy (CPT), Problem-Solving Therapy (PST), and Interpersonal Psychotherapy for Depression (IPT) provider. Dr. Beyderman is fluent in English, Russian, and Hebrew. In her spare time, Dr. Beyderman loves traveling, camping, and attending music festivals with her husband and daughter.

Konrad Biedron, Psy.D. (he/him/his): Dr. Biedron provides services in the Psychiatric Assessment Clinic (PAC). He graduated from the University of Illinois in Chicago (UIC), and attended Adler University for his graduate studies. He completed his pre-doctoral internship training at Broughton Hospital in North Carolina, where his training focused on severe and persistent mental illness, psychological assessment and diagnosis, therapy, and risk assessment. He joined the VA as an inpatient psychologist at the Danville VA before trading cornfields for the lakefront in his hometown of Chicago. He particularly enjoys working within interdisciplinary teams to develop individualized treatment approaches for individuals with complex clinical presentations. He employs trauma-informed insights through an attachment-based lens to conceptualize clinical cases, and employs tenants from psychodynamic thought. CBT and third-wave interventions, such as Motivational Interviewing, are also valuable to him, especially when he assesses Veterans in the Emergency Room and PAC, and prepares them for treatment programing. When not working at the VA, he enjoys biking, exploring new trails, and is always looking for new food places.

***Dawn Brown, Ph.D. (she/her/hers):** Dawn Brown, Ph.D. is the Staff Psychologist for the Residential units at Jesse Brown: SARRTP and PRRTP. She is also active on Jesse Brown committees and believes that they enhance her work and give her opportunities to be engaged with people across the VA. She is currently a member of the Diversity Committee, LGBT Veteran's Workgroup, LGBT Employee Committee, and is on the Jesse Brown 4 Black Lives (JB4BL) Task Force as the Co-chair of the Education & Courageous Conversations Committee.

Dr. Brown graduated from the University of Illinois at Urbana-Champaign (UIUC) with a Ph.D. in Counseling Psychology and was a Clinical Psychology Fellow during the 2019/2020 year here at Jesse Brown. At UIUC she specialized her training in LGBT-affirming competencies and has done trainings for LGBT-affirming workspaces, schools, and mental health. She's also very passionate about group therapy and loves the power of group members validating one another's experiences and providing a safe and vulnerable space for one another. Additionally, approaching all of her work from an intersectional and multicultural perspective is very important to her. Seeing each Veteran in all of their

identities and experiences and doing her best to make them feel seen and validated is a large part of her work.

On a more personal note, Dr. Brown is a queer woman and first generation college student. She strongly relates to the struggles in navigating college and higher education without generational support, knowledge, or funding. She is also “straight-passing” and understands the ways in which invisibility can impact how one experiences their queer identity. Some of her interests include spoiling her dogs (two dachshunds and a yorkie), hiking, paddle boarding, and vacationing to new places.

Ivan Budisin, Ph.D.: Outpatient Mental Health Program Manager; Dr. Budisin earned his doctorate in Counseling Psychology from Loyola University Chicago in 2009. He completed his internship at the Cpt. James Lovell FHCC in 2006/2007. For his postdoctoral training, Dr. Budisin went to Purdue University Calumet, where he also worked as a staff psychologist in the Counseling Center until 2012. Dr. Budisin started his career at JBVAMC in 2012 as the Assistant Chief of Mental Health Clinic and has been in his current role since January 2017. Dr. Budisin’s role is split equally between administrative tasks in Outpatient Mental Health and providing clinical services (mostly individual psychotherapy) to our Veterans. He is trained in Interpersonal Therapy for Depression and Cognitive Behavioral Therapy for Insomnia. Administratively, his work is focused primarily on ensuring our Veterans can easily access Outpatient Mental Health services and engage in recovery-oriented care. Dr. Budisin is a first-generation immigrant from Southeastern Europe (Serbia) where he served in the armed forces. In his spare time, Dr. Budisin enjoys traveling with his wife and son.

Sarah Catanese, Ph.D. (she/her/hers): Sarah Catanese, Ph.D. is the Health Behavior Coordinator. She founded and continues to run Jesse Brown’s bariatric behavioral medicine program, offering services and consultation throughout VISN 12, and works closely with the MOVE! Coordinator. She runs Jesse Brown’s first positive airway pressure adherence group, working closely with sleep medicine. Dr. Catanese also runs the tobacco cessation counseling group, and plays a significant role in addressing tobacco use through Medical Center policy and the Tobacco Cessation Committee. Dr. Catanese acts as a consultant on the treatment of eating disorders throughout the medical center. Dr. Catanese is a member of the Whole Health Steering Committee, and the Whole Health Research Committee, and is co-chair of the Health Promotion Disease Prevention Committee. Dr. Catanese completed the Mental Illness Research Education Clinical, Centers of Excellence training in CBT-E and Motivational Interviewing. She also served as a National Consultant for Motivational Interviewing, and is charged with educating clinicians at Jesse Brown VA Medical Center in the use of MI to improve clinical outcomes. Dr. Catanese is trained in hypnosis and completed the VA’s CALM Mindfulness Based Stress Reduction training program. Dr. Catanese’s recent publications and research involve the role of motivation in weight management, changes in self-efficacy during participation in Whole Health groups, and outcomes among Veterans participating in weight management support groups. Dr. Catanese is on faculty at Northwestern University, Feinberg School of Medicine and University of Illinois at Chicago. Dr. Catanese founded and runs the Northwestern/Jesse Brown Health

Psychology Seminar, with speakers from medical centers throughout Chicago, and participants from around the country.

Dr. Catanese completed her Ph.D. in Clinical Psychology, with a specialization in Health Psychology, at Chicago Medical School/Rosalind Franklin University of Health Sciences. She completed her internship at UCLA Semel Institute for Neuroscience and Human Behavior/David Geffen School of Medicine and her postdoctoral fellowship at Children's Hospital Boston/Harvard Medical School. Dr. Catanese received her undergraduate degree at Tulane University, where she graduated Summa Cum Laude, Phi Beta Kappa, with the Rosa Cahn Hartmann Prize for Outstanding Student in the Department of Psychology.

Dr. Catanese believes that diversity among psychologists is the key to a thriving discipline with novel research ideas and the best treatment strategies. She takes an analytic, Socratic approach to supervision, encouraging exploration of diversity in clinical and professional interactions and identity development. Dr. Catanese is a feminist.

Dr. Catanese enjoys spending time with her husband and two young children. She is a voracious reader, who hates to cook. She ran the marathon in 2019, and Dr. Bisterfeldt and Dr. Simons, a former health psychology intern, joined her for much-needed support the last few miles. Dr. Catanese loves candy, and once ate an entire jar of jelly beans off of Dr. Taft's desk during internship interviews. Dr. Taft is a former health psychology intern at Jesse Brown, and currently a researcher at Northwestern and clinician in private practice. The jelly beans were supposed to signify the number of days until Dr. Taft's honeymoon, and Dr. Taft still gives Dr. Catanese a hard time about it. Although her colleagues, trainees, and clients make fun of Dr. Catanese's outfit choices, she is confident that in another life she could have been a fashion designer.

Kathryn Cline, Psy.D. (she/her/hers): Dr. Kathryn Cline is a clinical psychologist in the PCT and also acts as the Evidenced Based Practice Coordinator for JBVA. She attended undergraduate at Eastern Illinois University and graduate school at Adler University in Chicago, IL. Dr. Cline accepted the Army HPSP Scholarship during graduate school and subsequently commissioned as an officer in the US Army upon acceptance into internship and postdoc at San Antonio Military Medical Center in Texas. Upon completion, she was stationed in Germany for 3 years as the regimental psychologist for the 2nd Cavalry Regiment, and functioned in multiple roles as clinician, consultant to command and behavioral health officer for the regiment. Dr. Cline is currently a Major in the Ohio Army National Guard and continues to provide behavioral health care to soldiers. Special interests in psychology include trauma, anxiety disorders, posttraumatic growth, death/dying/bereavement and military psychology.

David Cosio, Ph.D., ABPP (he/him): Dr. Cosio is the board certified, clinical health psychologist in the Pain Clinic and the CARF-accredited, interdisciplinary pain program at the Jesse Brown VA Medical Center, in Chicago. He also serves as a faculty member of the University of Illinois-Chicago Pain Management Fellowship Program and a

lecturer in the Department of Psychiatry at Northwestern University. He received his PhD from Ohio University with a specialization in Health Psychology in 2008. He completed a behavioral medicine internship at the University of Massachusetts-Amherst Mental Health Services in 2008. He then completed a Post-doctoral Fellowship at the Edward Hines Jr. VA Hospital in 2009 in Primary Care and Specialty Clinics. He achieved specialist certification in Clinical Health Psychology by the American Board of Professional Psychology in 2017. He has done several presentations in health psychology at the regional and the national levels. He also has published several articles on health psychology, specifically in the area of patient and provider pain education. He is the author of a book on this topic, *Pain Relief: Managing Chronic Pain Through Traditional, Holistic, & Eastern Practices*. Dr. Cosio is a member of the PPM Editorial Advisory Board.

***Monica Cotter, Psy.D.**(she/her/hers). Dr. Monica Cotter completed her doctorate in Clinical Psychology from The Chicago School of Professional Psychology in 2018. She attended Michigan State University and received a bachelor's degree in Marketing with specialization in International Business in 2006. She worked in sales for a tech start up in downtown Chicago prior to starting graduate school in 2013. Dr. Cotter has focused her training and work within the Chicagoland VA system. She completed internship at Lovell FHCC in North Chicago and PTSD-SUD-Pain fellowship at Jesse Brown VA Medical Center. She also worked at Adam Benjamin Jr. VA Clinic in northwest Indiana for two years prior to returning to Jesse Brown VAMC in 2021. She is currently a staff psychologist in the Outpatient Mental Health Clinic. Her theoretical orientation is cognitive behavioral therapy (CBT) with the inclusion of third wave interventions including acceptance and commitment therapy (ACT) and dialectical behavioral therapy (DBT). She also utilizes a multicultural lens in assessment and treatment including recognition of race-based stress. Dr. Cotter enjoys facilitating psychotherapy groups including experience with Skills Training in Affective and Interpersonal Regulation (STAIR), Courage group for survivors of sexual violence, mindfulness groups, Living with Unique Perceptions for veterans with psychosis and CBT for depression. Additional clinical interests include substance use disorder, trauma, and addressing chronic medical conditions. Outside of work she enjoys fixing and decorating her old home, spending time with family and friends, eating good food, traveling, yoga, running, biking, and spending time outdoors.

Donna Crossman, Ph.D. (she/her/hers): Dr. Crossman is a licensed clinical psychologist and the coordinator for the Veterans Integration to Academic Leadership (VITAL) program at Jesse Brown VA. The VITAL program strives to enhance academic retention and success for student Veterans by connecting them to needed health care and other support services. Dr. Crossman completed her undergraduate degree in Justice and Law with a minor in Psychology at American University in Washington, DC before earning her PhD at Binghamton University in Upstate NY. In 2015, after completing her predoctoral internship at the University of Massachusetts Medical School/Worcester Recovery Center & Hospital she began her VA career. Dr. Crossman was selected as the Community Reintegration Fellow at the Bedford VAMC (Bedford, MA) where she focused on psychosocial rehabilitation and community reintegration specifically working

with Veteran Employment Resources (VER) (previously known as the Compensated Work Therapy, CWT program) and the VITAL program. She was hired as a staff psychologist for the VITAL program at the Bedford VAMC where she remained until joining the team at Jesse Brown in August of 2020, first working with the Psychosocial Rehabilitation and Recovery Center and then returning to the VITAL program. Dr. Crossman's clinical and research interests include community reintegration through psychosocial rehabilitation, specifically engagement in vocational rehabilitation and supported education services. She is also interested in the relation between social isolation, loneliness, and social support. Dr. Crossman is certified in Motivational Interviewing (MI) and Cognitive Behavioral Therapy for Insomnia (CBT-I). She is licensed in Illinois and Massachusetts and is also an assistant clinical professor at the University of Illinois Chicago, College of Medicine. Her personal interests include spending time with family, friends, and her rescue dog Sampson. She is also a huge Philadelphia Eagles fan and enjoys rewatching the Superbowl where the Eagles beat Tom Brady and the New England Patriots, particularly since her partner is a die-hard Pats fan.

Alicia Doty, Psy.D.(she/her/hers): Dr. Doty received her doctoral degree in psychology from Roosevelt University in Chicago. She became interested in a VA career when she was on practicum here at Jesse Brown VA Medical Center. She completed her internship and postdoctoral fellowships at St. Louis VA, focusing on the treatment of serious mental illness and posttraumatic stress disorder. Although St. Louis was fun, she decided that her heart truly resides in Chicago (after all, as a Cubs and Blackhawks fan, she just simply couldn't abide living near so many Cardinals and Blues fans for long...not to mention that it was impossible to catch a Bears game anywhere down there). After completing her postdoctoral fellowship, she returned to the Jesse Brown VAMC and is now the psychologist in the Day Hospital Program treating veterans in acute crisis, including individuals with SMI and complex trauma histories. In order to meet the complex needs of veterans through a recovery-oriented lens, Dr. Doty is an integrationist in practice. She was trained in interpersonal/relational theories (such as the theory of cyclical maladaptive patterns utilized in Time-Limited Dynamic Psychotherapy), but she also integrates CBT and DBT-based interventions. She has been trained in various EBPs, including PE, CPT, IPT, and STAIR.

Outside of work, Dr. Doty enjoys very much the opportunity to no longer be in graduate school, as she now has copious amounts of free time to do anything she wants. This is including, but not limited to: eating delicious food, watching TV without guilt, reading, having a love/hate relationship with running, and snuggling her adorable cat. If she didn't have a passion for psychology, she would enjoy being a stay-at-home cat mom.

***MacKenzie Fye, Psy.D., RYT (she/her/hers):** Dr. Fye is a Clinical Psychologist and the Clinic Coordinator for the Psychiatric Assessment Clinic (PAC) at Jesse Brown VAMC. She received her bachelor's degree from Lawrence University in Appleton, WI and completed her doctorate at Adler University in Chicago, IL, specializing in Primary Care Psychology and Behavioral Medicine. Both her internship and postdoctoral training (Geropsychology/PCMH) were at the Captain James A Lovell FHCC. Prior to joining JBVAMC, she worked in the private sector as a health psychologist providing

psychotherapy to individuals living with chronic medical conditions and conducting pre-surgical bariatric evaluations. In 2020, Dr. Fye published an article in *Home Health Care Management & Practice Journal* based on her original research examining self-care for caregivers of individuals living with multiple sclerosis.

Dr. Fye enjoys working with all Veterans but has particularly enjoyed serving those who are new to the VA or mental health care. In her role with the PAC team, she seeks to provide a warm and welcoming approach to Veterans as they begin their recovery. Dr. Fye operates from an acceptance and commitment framework (ACT) and integrates CBT, MI, solution-focused, and other evidence-based modalities as clinically indicated. She has significant experience exploring the effects of biological, social, and psychological factors on physical health and illness. She especially likes working with chronic medical conditions to help individuals explore the impact of their diagnosis and symptoms on daily functioning, mood, and relationships. Outside of work, she enjoys teaching yoga, learning the fiddle, traveling, being in nature, and spending time with family and friends.

Stephanie Fry, Ph.D. (she/her/hers): Dr. Stephanie Fry is the Inpatient Psychiatric Unit psychologist at Jesse Brown VAMC. Dr. Fry completed externship training at the Lubbock VA Outpatient Clinic and internship at the Captain James A. Lovell Federal Health Care Center (formerly known as the North Chicago VA) before graduating from Texas Tech University in 2016. Dr. Fry has clinical experience in providing short-term inpatient treatment for individuals with severe mental illness and substance use disorders in the VA as well as multiple forensic settings. Areas of professional interest include delivering time-limited interventions, providing Social Skills Training for inpatient Veterans, and developing cognitive-behavioral case formulations for individuals with complex and comorbid presentations. In addition to providing services to the inpatient psychiatric unit at JBVAMC, she also serves on the High-Risk committee and the Disruptive Behaviors Committee to assist in providing excellent treatment for Veterans at risk for self- or other-directed violence. Outside of work, she enjoys running, playing volleyball, and trying new recipes with five or fewer ingredients!

Kelli Gariglietti, Ph.D. (she/her/hers): CBOC Outpatient Mental Health Program Manager stationed at the Adam Benjamin Jr. Outpatient Clinic. Dr. Gariglietti earned her doctorate in 2000 from the University of Kansas. Her dissertation focused on factors related to the academic success and social adjustment of Mexican immigrant children. She completed her doctoral internship at the Kansas City VAMC. She has been a licensed psychologist since 2001 providing psychotherapy and psychological assessment to adults, adolescents, and children in outpatient and inpatient settings. She has provided expert testimony on the behalf of immigrants in federal and state courts including deportation proceedings. She has publications related to hope, critical thinking, and perceptions of death and dying. Her postdoctoral training was completed at Baker University where she taught as a psychology professor and served as the director of the counseling center. She then worked for Via Christi hospital in an outpatient mental health clinic from 2002-2009. Upon moving from Kansas to Indiana, she began teaching for the Clinical Mental Health Counseling program at Valparaiso University. She returned to clinical work in May of 2017 when she began in her current position where she

coordinates the mental health programs at the CBOCs affiliated with the JB VAMC. Her time is split between administrative duties and providing outpatient psychotherapy. She has a special interest in chronic pain management. Other areas of interest include psychological consultations for medical patients newly diagnosed with chronic and/or terminal illnesses, including infectious diseases, cancer, cardiovascular disease, degenerative neurological conditions, and trauma. Her assessment experience includes neuropsychological screenings, social security disability examinations, and pre-surgical screenings (e.g. transplant and bariatric). When not working she enjoys chasing her 3 children and returning home to Kansas to visit her family. She also is a stationary weather spotter for the National Weather Service.

Anne “Caitlin” Gaske, PsyD (she/her/hers): I received my doctoral degree in Clinical Psychology from The Chicago School of Professional Psychology in Chicago, IL in July 2020. My externships included placements at John J. Madden Mental Health Center – a state psychiatric inpatient hospital, Haymarket Center – a substance use treatment facility, and Jesse Brown VA Medical Center on the Inpatient Psychiatry Unit. I completed an APA-accredited predoctoral internship at Baltimore VA where I continued to be involved in the continuum of care for those who have been diagnosed with Serious Mental Illness (SMI). I have a great deal of experience in program development as well as community reintegration and had the privilege of conducting research at the Mental Illness Research and Education Clinical Center (MIRECC) alongside Dr. Lucksted during my internship year. I completed a postdoctoral fellowship at the DC VA Medical Center within the SMI emphasis track, working primarily in the Psychosocial Rehabilitation and Recovery Center, as well as providing telehealth and in-person care for individuals on the Inpatient Psychiatric Unit. I was also an active member of the Dialectical Behavior Treatment Team in coordination with providers from other clinics across the DC VAMC. My theoretical orientation is integrative with a focus on Cognitive-Behavioral and Multicultural therapies. I identify with the developmental model of supervision and value collaboration in supervision alongside consideration of trainee’s current needs and developmental levels. I have a profound passion for providing holistic, recovery-oriented care. When not at work, you will often catch me outside spending time with my two dogs, as well as my family and friends. I am also a music lover and always open to new recommendations!

***Jena Gomez, Psy.D.:** Psychologist in the mental health clinic, and provider of telepsych services to our CBOCs, Auburn Gresham and Chicago Heights. I previously specialized in serving individuals with SMI, but am now more of a generalist and see essentially the whole DSM-5 of disorders. I view myself as somewhat of an integrationist due to the environment and diagnoses I see in the mental health clinic. I find myself pulling a lot from CBT/DBT interventions, but also have a deep love of the more psychodynamic end of things and find myself also using dynamic and interpersonal focused interventions (such as TLDP). Although I have no formal VA trainings under my belt (yet), I find myself pulling from various EBPs including STAIR, DBT, CBT, CPT, and PE. I also serve as the facilities telemental health champion and am the go-to for any VVC related questions. I am originally from Wisconsin (and yes, I am 100% a cheesehead with blood of green and gold running through my veins for the Green Bay Packers; if this is an issue, do NOT choose me to be your supervisor-ha!) and completed undergrad at

Marquette University in Milwaukee. I then came to Chicago for grad school, where I earned my PsyD from Roosevelt University, right on Michigan Ave. I completed my pre-doctoral internship at the St. Louis VA, and my postdoctoral fellowship right here at JBVA (where I served as the SMI postdoc). There is something about this VA that is extremely magnetic for me; I completed my advanced practicum here and knew I would be back one day. Now my plan is to stay working for this VA until they tell me I can't anymore. Although I am a Wisconsinite through and through, I LOVE Chicago. Other loves of mine include: my two fur-babies (2 cats), painting, tattoos, and hiking.

Justin Greenstein, Ph.D. (he/him/his): Dr. Greenstein is the PTSD Clinic Program Manager and Staff Clinical Psychologist at JBVA. He received his PhD in Clinical Psychology from University of Illinois at Chicago in 2009, completed internship at the Hines VA Hospital and a Postdoctoral Fellowship, PTSD/Substance Use Disorders (SUD) track, at the Hines VA Hospital. He has been licensed in Illinois since 2010. His professional interests include: Evidence-based psychotherapy; PTSD and SUD assessment, treatment, and comorbidity; clinical supervision; treatment efficacy and effectiveness; and program evaluation. His theoretical orientation is cognitive behavioral. Personal interests include: spending time with his wife, son, and friends; listening to music; and trying to identify personal interests.

***Roger Elliott Hicks, Ph.D.:** Clinical psychologist working in Primary Care-Mental Health Integration (PCMH-I). Clinical orientation includes CBT/ACT with a focus on Health Psychology. Graduated from the Illinois Institute of Technology, completed the General/Health Psychology internship at the University of Arkansas for Medical Sciences, and completed the Psychosocial Rehabilitation fellowship at Central Arkansas VA Healthcare Services. Currently certified in PCMH-I, Prolonged Exposure for Primary Care, Motivational Interviewing, and Social Skills Training. Areas of clinical interest/experience include CBT-I, Chronic Pain, Tobacco Cessation, brief interventions for general mental health concerns, Motivational Interviewing, Psycho-oncology, weight management, and more. Personal areas of diversity: Atheist Personal Interest: Photography, cycling, skateboarding, dogs.

Alissa M. Irwin, Psy.D. (she/her/hers): Dr. Alissa Irwin received her Psy.D. from The Chicago School of Professional Psychology in 2020. She completed a neuropsychology specialty track internship at Danville VA Medical Center with additional rotations in geropsychology and home based primary care. She then accepted a two-year postdoctoral fellowship position at University of Wisconsin (UW) Hospitals and Clinics. During her time at UW, Dr. Irwin had the opportunity to conduct evaluations in numerous specialty clinics including the Comprehensive Epilepsy Service, Neuro-Stroke Service, Deep Brain Stimulation Multidisciplinary Team, Mental Health Comprehensive Evaluation Clinic, and Memory Assessment Clinics. Her clinical interests include complex neurological/medical disorders such as early-onset Alzheimer's, frontotemporal dementia, Lewy body disease, and epilepsy. She is presently pursuing board certification. When Dr. Irwin is not working, she enjoys reading historical fiction, learning sign language, weightlifting, and hosting dinner parties for her friends and family.

***Colleen Kagan, Ph.D. (she/her/hers):** Dr. Kagan hails from Rockford, Illinois which is most known for being home to the third most famous member of Destiny's Child. She spent some time in Milwaukee to attend Marquette University and enjoyed the temperate winters before moving further north to attend graduate school at the University of North Dakota. Grand Forks, ND is most known for being the second coldest city in America but also has the world's largest free French Fry Fest so she considers that a solid tie. Her research interests have always been rooted in culture and diversity and her dissertation examined the impact of cultural identity on MMPI-2 profiles in Northern Plains American Indians. While completing her internship at the VA in Topeka, Kansas she fell in love with working with the Veteran population and became indoctrinated into the cult, *clears throat* she means philosophy of recovery-oriented care. In her role as Local Recovery Coordinator and Assistant Chief of Recovery Services she works throughout the mental health service line growing our mental health recovery services and enjoys the power of being able to send out emails across the whole service line muhahahahaha! Dr. Kagan is a member of the Psychology Diversity Committee, Jesse Brown for Black Lives committee, Whole Health, and Jesse Brown LGBT Care Team, among others. Dr. Kagan is certified in Motivational Interviewing/Motivational Enhancement Therapy (MI/MET), Cognitive Processing Therapy (CPT), and Acceptance & Commitment Therapy (ACT) and is a national VA consultant for ACT. Personal interests include the Chicago food scene, comedy, and her dog Louie.

Daniel Kim, Ph.D. (he/him/his): Dr. Kim is a staff psychologist in the VISN12 Clinical Resource Hub. He obtained his Ph.D. in Clinical Psychology from Biola University and completed his pre-doctoral internship at the Long Beach VA. He has worked in community mental health and inpatient settings before joining the VA, and in PTSD and outpatient MH clinics across the VA system. He specializes in treatments for PTSD, insomnia, and couples therapy.

Ellen Koucky, Ph.D. (she/her/hers): I am a staff psychologist in the PTSD Clinic and serve as the Military Sexual Trauma Coordinator at the Jesse Brown VAMC. I received my M.A and Ph.D in Clinical Psychology from the University of Missouri-St. Louis. I completed my Predoctoral Internship at the Cincinnati VAMC and completed a Postdoctoral Fellowship in the VA Boston Healthcare System in the Posttraumatic Stress Disorder Track. My clinical interests include: evidence based psychotherapy, adapting trauma-focused empirically supported treatments for special populations or clinical presentations, and translating science to practice. Outside of work, I enjoy hanging out with my family and friends, trying new pizza joints, listening to music, and watching vapid TV shows I'm too embarrassed to list.

Alex Kristevski, Psy.D., ABMP: Staff Clinical Psychologist ABJ/MHC; Psy.D., The Chicago School of Professional Psychology (APA Accredited); Indiana University Student Health Center (CaPS) Clinical Psychology Internship (APA Accredited); Post-Doctoral Training ABJ/VA; Board Certified in Medical Psychology; Board Certified in Psychopharmacology; Specialty in Psychoanalytic Psychology; EMDR- Level II; Clinical Hypnosis; Biofeedback & Neurofeedback

History of Employment: Staff Clinical Psychologist with the VA Adam Benjamin, Jr. Outpatient Clinic; Direct Clinical Services: Individual psychotherapy; Health Psychology; Group and family therapy; Couples and substance abuse counseling; Disability Evaluations, i.e., Compensation & Pension Examinations (e.g., PTSD, Mental Disorders, and Neuropsychological); Milieu therapy; Psychological and neuropsychological testing; intake/triage evaluations; Clinical hypnosis, biofeedback and relaxation therapy; VA Clinical research in the area of Personality Assessment; Annual VA Police Security fitness for duty psychological examinations; Direct supervision of doctoral-level psychology students; Clinical/psychological consultation to in-house medical staff and local Vet. Centers; Assist in E.D.O.'s and hospital admissions of acute/chronic psychiatric patients to various VA facilities. Responsible for the Mental Hygiene Clinic and administrative tasks in absence of the MHC Coordinator and/or Director or Psychiatrist(s) on call. Pain consultation psychological evaluations. EAP Staff Clinical Psychologist for ABJ/MHC. Psychology service consults written to other clinical specialties when indicated, along with "standing order," of various urine drug toxicology studies and other relevant clinic consults. Dates of employment: October 9, 1990 to present.

Laura Kupperman-Caron, Ph.D.: My name is Laura Kupperman-Caron and I am currently a tele-health PCMH Staff Psychologist located within the VISN 12 Clinical Resource Hub. I transferred from the Miami VAMC to the Jesse Brown VAMC in May 2020. I received my Ph.D. in Clinical Psychology from Nova Southeastern University and I completed a VA internship and VA fellowship at the Miami VAMC with a focus on clinical health psychology. I have widespread interest in clinical and research topics related to healthy lifestyle behaviors, substance use, PTSD, insomnia, and diversity. I have had the opportunity to work in various clinics within the VA, such as the SARRT and general outpatient mental health, and I also have been afforded some leadership experiences within the VA. Although I am not a Veteran myself, I have several family members who have served in the armed forces and I enjoy tremendously serving our VA patient population. In regard to personal interests, I enjoy running, cooking, reading and spending time with my family.

***Kenneth A. Lehman, Ph.D. (he/him/his):** Kenneth "Andy" Lehman is the Deputy Director of the Mental Health Service Line and MH Clinical Lead at the Jesse Brown VAMC. He received his undergraduate degrees at the University of Oklahoma and then completed his Ph.D. training in the University of Kansas Clinical Psychology Program. After completing his doctoral internship at the Hines VA Hospital, he completed a research postdoctoral fellowship in the Department of Preventive Medicine at Northwestern University's Feinberg School of Medicine, with research foci on mobile and e-health interventions, especially in the context of depression and cancer, and on stress measurement in multiple sclerosis. He began his VA career at the Birmingham VAMC, where he served as the PTSD Telehealth Psychologist, after which he joined the Jesse Brown VA Medical Center as a staff psychologist in the Mental Health Clinic and then as the Director of Psychology Training. His current role at the Jesse Brown VAMC finds him welcoming any and all challengers claiming to have found impossibly intractable systems design problems.

Danielle Lichman, Psy.D., CT: Dr. Danielle Lichman is the PC-MHI Clinical Psychologist for the Lakeside CBOC. Dr. Lichman earned a Bachelors of Arts Degree in Psychology with a minor in Human Relations from The University of Iowa, a Master's of Arts Degree in Counseling Psychology from the University of St. Thomas, and a Doctorate Degree in Clinical Psychology from Midwestern University. She is a certified provider in Thanatology, a National Register Health Psychologist, and has completed advanced training in Clinical Hypnosis. Her previous experience and training include working within multiple hospital-based settings since 2010, private practice, as well as a unique joint venture of the Department of Defense and Veterans Affairs. Her clinical interests include chronic illnesses, advanced heart failure, solid organ transplantation, sleep concerns, death education, dying and bereavement. She also serves as a dissertation committee member at Midwestern University in the Clinical Psychology Program. Personal interests include hot yoga, high-intensity interval training, cooking, and traveling.

Patricia J. Lim, Psy.D. (she/her/hers): I have been a psychologist at JBVA since 2004 with specialty areas in Clinical Neuropsychology & Rehabilitation Psychology. My training includes: Graduate from Illinois School of Professional Psychology (1996) with Health Psychology and Neuropsychology specialization; Internship: North Chicago VA Medical Center (1994-1995); Postdoctoral Residency: Marianjoy Rehabilitation Hospital (1996-1997) Specialization: Neuropsychology- Traumatic Brain Injury Rehabilitation. Before coming to Jesse Brown VA, I worked as a neuro/rehabilitation psychologist through Rehabilitation Associates of the Midwest (1997-2004) at various major medical facilities and in a private group practice. Since coming to JBVA, I have had various roles in Outpatient Mental Health, Psychiatric Assessment Clinic, Psychosocial Residential Rehabilitation Program, and am a former Psychology Training Director. I have worked in the Neuropsychology Clinic since 2007. I have been a supervisor for the Psychology Internship Training Program since 2004. I enjoy working with Veterans, families, and trainees, and am dedicated to serving physically disabled, cognitively compromised, elderly and marginalized populations. I enjoy my free time with my family/pets, meditation, and learning about cultural history. I am a 5th Dan/Master in Taekwondo (2016), and enjoy spending time with my family/pets, meditating, sleeping, exercising, cooking, learning about diverse cultures, and watching mystery/horror movies.

***Lauren Liotta, Psy.D. (they/them/she/her):** Dr. Liotta works in Primary Care Mental Health Integration (PCMHI) within the Clinical Resource Hub. Prior to this role, they served as the PTSD Clinical Team (PCT) Lead for the VA Finger Lakes Healthcare System. They are passionate about evidence-based treatments and helping Veterans recover from trauma. Dr. Liotta completed her Doctorate in Clinical Psychology with an Emphasis in Military Clinical Psychology from Adler University. She completed both an externship and internship at Jesse Brown VA Medical Center and a post-doctoral residency at the Kansas City VA Medical Center. Outside of psychology, they enjoy Olympic Weightlifting, anabolic cooking, traveling, comic and horror movie conventions, and trying new activities.

***Jamie Mathews, Psy.D. (she/her/hers):** I am the Director of Psychology Training at JBVAMC and a licensed clinical psychologist. I received my doctoral and master's degrees in Clinical Psychology from the University of Denver, Graduate School of Professional Psychology and my bachelor's degree in Theatre with a Sociology minor and Certificate in Musical Theatre from Northwestern University. I completed my pre-doctoral internship at the Mental Health Center of Denver and a postdoctoral fellowship in Primary Care Psychology at the San Francisco VAMC. I then worked for nearly eight years in PCMHI at the Hines VA before moving into my current position in May, 2020. At the Hines VA, I developed PCMHI services in three distinct clinics, served as the Lead Innovation Specialist for over two years through the VA Innovators Network, and was involved in training, clinical supervision, and LGBTQ+/minority health programming and outreach initiatives. My professional interests include clinical supervision, examining and reducing health disparities and minority stress, clinical telehealth, health psychology, and integrated care. Clinically, I practice from a place of cultural humility using an integrative approach to treatment. I am also passionate about addressing issues of self-care, burnout prevention, and work/life balance with trainees and staff. I serve on the Psychology Diversity Committee, the LGBTQ+ Health workgroup, and the Jesse Brown for Black Lives Task Force and Mentoring Subcommittee. Outside of work, I enjoy spending time with my family, friends, and two dogs, and I love to travel, cook, dance, and sing.

Andrea Mosqueda, Ph.D. (she/her/hers/ella): is the PTSD-SUD Specialist at JBVA. She received her PhD in Clinical Psychology from the Illinois Institute of Technology in 2020, completed internship at the Captain James A. Lovell Federal Health Care Center, and a PTSD-SUD-Chronic Pain Postdoctoral Fellowship at JBVA. She has held a counseling license in Illinois since 2013 working in private practice as a bilingual clinician. Her professional interests include: evidence-based psychotherapy, recovery-oriented care, PTSD, SUD, culture and diversity, acculturative stress, program development, and interprofessional/clinical training. Dr. Mosqueda conceptualizes and operates from a cognitive behavioral lens. She serves on the Psychology Diversity Committee and recently joined the JB for Black Lives Committee. She also mentors Latin@ undergraduate students interested in doctoral training and a career in clinical or counseling psychology. Her parents were born in Mexico, and her culture is an important part of her identity. Outside of work, she enjoys: spending time with family, friends, and pets (a Pitbull named Copal and a Xoloitzcuintle named Nahualito); trying new restaurants; exercising; doing different hobbies (cross-stitching, sheet metal embossing); baking; traveling; and learning about different cultures.

***Peter Preonas, Ph.D. (he/him/his):** I am a psychologist in the outpatient Mental Health Clinic, providing services both at JB and virtually to ABJ. I graduated from the Virginia Consortium Program and Clinical Psychology in 2020. I completed internship at Edward Hines, Jr. VA Hospital and fellowship at JBVAMC, PTSD-Pain-SUD track. I approach assessment and therapy primarily through a CBT lens, although I heavily integrate multicultural theory and emotional processing in treatment. My main clinical interests are working with trauma and substance use disorders. I am also a member of the training and

psychology diversity committees. Outside of work, I enjoy listening to music, watching sports, cooking, and exploring Chicago with my dog.

***Eric Proescher, Psy.D., MPH (he/him/his):** Dr. Proescher is the Mental Health-SERV Psychologist, Program Manager for the Veterans Integration to Academic Leadership (VITAL) initiative, and the Alternate Program Manager for the Transition & Care Management (TCM) Program at the Jesse Brown VA Medical Center in Chicago. He received his doctorate in clinical psychology from the Illinois School of Professional Psychology – Chicago in 1999 and a master of public health degree from the University of Illinois at Chicago in 2016. He has worked in the VA healthcare system since 2005 after serving as an active duty military psychologist and medical service corps officer for U.S. Navy from 2002-2005. He has particular expertise in hypnosis/hypnotherapy, mindfulness meditation, contemporary psychodynamic theory/practice, trauma, Post 9/11 Veteran Readjustment, and integrative approaches to Veteran mental health.

Michael Quant, Ph.D.: Dr. Quant is a VISN 12 Clinical Resource Hub, PCMH Telehealth Staff Psychologist. He received his Ph.D. from the University of Wisconsin-Milwaukee. His professional interests include integrated health psychology, behavioral medicine, mood and anxiety disorders, and diagnostic assessment. His research interests include treatment outcomes, program evaluation, and complementary and alternative Medicine. His theoretical orientation is cognitive behavioral, and he has been licensed since 2016 in Illinois and Wisconsin.

Erika Robbins, Psy.D. (she/her/hers): Dr. Robbins is a licensed clinical psychologist working in the outpatient Mental Health Clinic at JBVA. After completing her undergraduate degree at American University in Washington DC, she worked as an addictions counselor for an intensive outpatient program serving young adults with opioid use disorders. This inspired a return to school and she earned her doctorate in clinical psychology from La Salle University in Philadelphia, PA in 2020. Dr. Robbins completed her internship at JBVA in the general track with a focus on treating individuals with PTSD and substance use disorders. She then completed a postdoctoral fellowship in the PTSD Clinic at the Washington DC VA Medical Center. During this time, Dr. Robbins completed CPT training through the VA EBP Training Initiative and conducted a program evaluation project on telehealth that was later presented at ISTSS. In the MHC, Dr. Robbins primarily utilizes cognitive-behavior, third-wave (e.g., ACT), and trauma-focused interventions. Outside of work, she spends her time seeing local friends and family, playing and watching soccer, enjoying the lakeshore, and caring for her 3 cats.

***Ariel B. Rodriguez, Psy.D. (she/her/hers):** Dr. Rodriguez is a licensed clinical psychologist in the DBT program. She received her B.S. in Psychology from the University of Illinois at Urbana-Champaign and both her M.A. and Psy.D. in Clinical Psychology from Adler University (Formerly the Adler School of Professional Psychology). She completed her internship at Adler Community Health Services and her postdoctoral fellowship at Cook County Juvenile Temporary Detention Center. She practices from an integrative approach, combining skill-building with a relational and

trauma-informed framework. She strives to help clients develop the confidence they need to effectively manage acute distress and improve functioning while also exploring how early life experiences are impacting the way they make sense of and interact with the world around them. She believes in fostering transparency and authenticity in the therapeutic space to allow for the development of a therapeutic relationship that can provide opportunities for long-lasting, corrective experiences. Her primary area of clinical interest is complex, developmental trauma. Outside of work, she enjoys spending time with her significant other, family, and friends, snuggling her two kitties (Little Foot and Luna), working out, and having movie marathons/binge watching TV shows!

Lauren Rog, Ph.D. (she/her/hers): Dr. Rog is a clinical neuropsychologist with specialty training in cognitive rehabilitation. Her clinical areas of interest and focus within neuropsychology include MCI/dementia, movement disorders, and ADHD. She also holds interest in numerous areas of health psychology, including racial disparities in medicine and healthcare, prevention (particularly as it pertains to cerebrovascular disease and dementia more broadly), complementary/alternative and integrative medicine (e.g., yoga, plant-based diets, fitness), and health behavior change. Dr. Rog received her bachelor's degree from Lake Forest College with a double major in psychology and sociology/anthropology, and her Ph.D. in Clinical Psychology from the Illinois Institute of Technology. She completed a neuropsychology specialty track internship at the University of Florida Health Sciences Center, where she completed neuropsychological training in the following areas: movement disorders (including pre- and post-deep brain stimulation evaluations), LD/ADHD, MCI/dementia, general medical/neurological, and pediatrics. She then completed her post-doctoral fellowship at the VA Northern California Health Care System (in both Martinez and Oakland, CA) with a dual emphasis in neuropsychology and cognitive rehabilitation. She also has experience evaluating teenagers in the juvenile justice system for ADHD/LD, and worked as a staff neuropsychologist at the Orlando VAMC prior to her arrival at JBVA in 2015.

Alex Schut, Ph.D., ABPP, MHA: Dr. Schut is a Clinical Psychologist and Chief of Psychology at the Jesse Brown VAMC. He received his Ph.D. in Clinical Psychology from Pennsylvania State University, where he conducted research investigating the interaction between technical and relationship factors in cognitive-behavioral and psychodynamic psychotherapies. Dr. Schut completed his internship and post-doctoral fellowship at McLean Hospital/Harvard Medical School, where he received focused training in both individual and group cognitive-behavioral therapy, including dialectical behavior therapy (DBT), for patients with complex and severe behavioral health difficulties. As a faculty member, Dr. Schut was involved in program development of the Personality Disorders track of the Behavioral Health Partial Hospital Program and the McLean (Gunderson) Center for the Treatment of Borderline Personality Disorder. After completing intensive training in DBT, Dr. Schut expanded his private practice and also served as the Director of the Adult Intensive DBT Day-Treatment Program at Two Brattle Center in Cambridge, MA. He joined the VA Puget Sound Health Care System in 2009, serving first as a Primary Care-Mental Health Integration (PCMHI) Psychologist before becoming a Program Manager of three PCMHI clinics within VA Puget Sound. During his tenure he received advanced training in Prolonged Exposure for

PTSD, Acceptance and Commitment Therapy for Depression, and Motivational Interviewing. He also served as a national consultant for the VA in Motivational Interviewing and Motivational Enhancement Therapy as part of the VA Central Office Initiative on Disseminating Evidence Based Psychotherapies. In 2018, Dr. Schut joined the Jesse Brown VAMC. He remains licensed in Illinois and New York, Board Certified in Clinical Psychology, and serves as a Clinical Assistant Professor in the Department of Psychiatry at the University of Illinois at Chicago, as well as a Lecturer of Psychiatry and Behavioral Sciences with the Feinberg School of Medicine, Northwestern University.

***Dhiya Shah, Psy.D.:** Dr. Dhiya Shah is a Clinical Psychologist in Primary Care Mental Health Integration within the VISN 12 Clinical Resource Hub. Dr. Shah earned a Bachelor's degree in Psychology from University of Illinois at Chicago in 2010 and obtained her Doctorate in Clinical Psychology with an emphasis on Health Psychology from Adler University, Chicago in 2015. She completed her residency at WellSpan York Hospital in Pennsylvania followed by a two-year Post-Doctoral fellowship at the University of Texas Health Science Center. She continued on as an Assistant Professor at UT Health and then started her VA career in 2019. Dr. Shah enjoys working in a multidisciplinary setting and has previous clinical experience in the areas of chronic pain, bariatrics, chronic medical illness management, rehabilitation, behavioral sleep medicine, and trauma related illnesses. She is trained and utilizes an array of evidence-based treatments such as Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), PE Primary Care (PE-PC), Cognitive Behavioral Therapy (CBT) for Chronic Pain, Cognitive Behavioral Therapy for Insomnia (CBT-i), Motivational Interviewing, My Brief Cognitive Behavioral Therapy (bCBT) and Cognitive Processing Therapy. Outside of work, Dr. Shah enjoys traveling with her family, gardening, exploring different cuisines in the city as well as practicing yoga and pilates.

Kathryn Smagur, Ph.D. (she/her/hers): I am a general mental health psychologist in the VISN 12 telehealth hub and work with Veterans primarily in rural areas of Wisconsin, Michigan, and Indiana. My theoretical orientation integrates cognitive behavioral theory, attachment theory, and feminist theory. I am a consultant for the VA national CBT for depression training program. My professional interests include interpersonal trauma, PTSD and other trauma-related disorders, issues related to social justice and diversity, as well as training and supervision. I earned my PhD in Clinical Psychology with a specialization in Women & Gender Studies from Michigan State University. I completed my predoctoral internship in general mental health at the Hampton VA and my postdoctoral fellowship in women's mental health and PTSD at the Ann Arbor VA. When I'm not working as a psychologist, I enjoy watching Chicago sports (go White Sox!), cross stitching and other craft projects, and exploring new restaurants and cuisines around the city.

Rollin (aka Ron) Socha, Psy.D. (he/him/his): In 2022, Dr. Socha begins his 12th year at JB. He previously completed an internship at North Chicago VAMC, as well as an externship at the Westside VA (JB), and then spent a couple years at the Aleda E. Lutz VA in Saginaw, MI. Dr. Socha received his Doctor of Clinical Psychology Degree from

The Illinois School of Professional Psychology. He also holds a B.S. in Chemical and Petroleum-Refining Engineering from The Colorado School of Mines, Golden, CO. Away from VA, Ron is kept quite busy by his six-year-old twins. His wife is also a clinical psychologist, so he cannot use any Jedi mind tricks on her.

***Elizabeth Stevens, Ph.D. (she/her/hers):** Dr. Elizabeth (“Libby”) Stevens is a licensed clinical psychologist on the PTSD Clinical Team and serves as the Measurement-Based Care Champion for JBVAMC. She completed her Bachelor’s degree in psychology at the University of Virginia, then completed her graduate training at the University of Illinois at Chicago and her doctoral internship at the VA Puget Sound Health Care System in Seattle, Washington (Seattle VA). She continued on at the Seattle VA for postdoctoral fellowship as the Mental Health Intensive Services Fellow, where she worked in the Intensive Outpatient Program (IOP) and the Psychosocial Rehabilitation and Recovery Center (PRRC), with a focus on treating individuals with complex mental health needs, often including PTSD and suicidal ideation. Her areas of clinical expertise include assessment and evidence-based treatment of PTSD and anxiety disorders, as well as co-occurring mood, sleep, and substance use disorders. Her research interests include improving treatment outcomes, for example, using technology-based interventions (e.g., computerized cognitive bias modification, virtual reality exposure), and transdiagnostic mechanisms that contribute to the development and/or maintenance of anxiety disorders. She enjoys watching movies and musicals with her husband and two cats, and trying as many pizza, taco, and coffee shops as she can.

***Paulette Stronczek, Ph.D.(she/her/hers):** I am currently an outpatient psychologist at the ABJ CBOC, part of the JBVA. I specialize in treating people with PTSD. I am a cognitive-behaviorist. I have been trained in PE and CPT. I have been working at the VA for 10 years. Prior to the VA, I worked in university counseling centers. I worked for eight years at Northwestern University’s Counseling and Psychological Services. My first job out of internship was at Iowa State University’s Counseling and Psychological Services where I worked for five years. At the counseling centers, I specialized in the treatment of people with eating disorders and people with PTSD. I also did a great deal of work in the area of outreach and developmental programming, including crisis intervention.

Mariana Tokar Psy.D., (she/her/hers): Dr. Tokar is a licensed clinical psychologist. She attended The University of Illinois where she received her BA in Psychology. Dr. Tokar received her Doctorate in Clinical Psychology from the Chicago School of Professional Psychology in 2010. Dr. Tokar’s experience includes 10 years with the State of Wisconsin Department of Corrections prior to joining Jesse Brown in 2018. She currently manages the Workplace Violence Prevention Program at JBVA, focusing on behavioral threat assessment of patients and employees as well as addressing a wide variety of issues pertaining to overall workplace safety. While primarily administrative, her role aims to achieve a workplace free from disruptive and violent behaviors while promoting the delivery of safe, effective, Veteran-centered health care. The Workplace Violence Prevention Program mission is to develop programs and supporting policies that disseminate and promote knowledge, skills, and appropriate use of evidence-based, data-

driven processes for assessing, mitigating, and managing behaviors that compromise the safety and effectiveness of the workplace.

***Matthew Waxler, Psy.D.:** Dr. Matthew Waxler (“Matthew”) is a psychologist in the VISN 12 telehealth hub. He earned a Bachelor’s degree in business from Indiana University and a Master’s degree in accounting from DePaul University and became a Certified Public Accountant. Approximately 10 years ago, Dr. Waxler embarked on a career change and went on to earn a Doctorate in Clinical Psychology from the Adler School of Professional Psychology where he focused on traumatic stress psychology. Dr. Waxler completed his internship at the Hampton VA Medical Center and a postdoctoral fellowship in posttraumatic stress disorder at the Captain James A. Lovell Federal Healthcare Center. He then worked at the William S. Middleton Memorial Veterans Hospital, Rockford Outpatient Clinic, as a PCT psychologist. Dr. Waxler’s clinical focus is on traumatic stress and it’s cooccurring disorders, and he has specialized in treating male and female survivors of sexual trauma experienced across the lifespan. When Dr. Waxler is not in the office, he spends as much time as he can sailing on Lake Michigan.

Grant White, Psy.D. (he/him/his): Dr. Grant White is the Program Manager for the Addiction Treatment Program (comprehensive SUD outpatient program) at Jesse Brown VA. Dr. White received his Doctorate from The Chicago School of Professional Psychology where he also taught as an Associate Professor for 18 years. Dr. White’s internship was at the former Illinois State Psychiatric Institute. Dr. White has over 38 years-experience working in addictions, trauma, and with general psychiatric/psychological populations in Chicago area hospitals and Community Mental Health Agencies. Dr. White is a retired U.S. Air Force officer and served for 27 years. In addition to his current work in addictions, Dr. White is invested in issues of diversity and social justice and is currently working on a book on the pervasive nature of racism. In his spare time, he enjoys being with his family, friends, baseball, movies, reading, and trying to learn to play his bass guitar.

***Maryanne Williams Psy.D., HSPP, RDDP. (she/her/hers):** Dr. Williams is a licensed clinical psychologist and registered dual diagnosis professional. She attended The College of William & Mary where she received her BA in Psychology. Dr. Williams received her Master’s in Counseling Psychology from Northwestern University 1999 and her doctorate in Clinical Psychology from the Chicago School of Professional Psychology in 2005 . Dr. Williams went on to complete a postdoctoral fellowship in Health Psychology with a focus on HIV mental health, primary care and substance abuse. Dr. Williams was previously the Director of Psychology within the Care Program at Mercy Hospital and Medical Center. In 2008 Dr. Williams was honored as a Multicultural Teaching Scholar at the University of Missouri at Columbia, where she taught an introduction to Health Psychology with a focus on HIV/AIDS. Dr. Williams was also an APA – Regional Hope trainer until the program ended earlier in 2015. During her affiliation with APA she trained mental health and medical professionals about the psychosocial aspects of HIV/AIDS. Her trainings included HIV/AIDS and Older Adults, Ethics and Cultural Diversity in Clinical Practice. Dr. Williams has done numerous trainings both locally and nationally on cultural diversity and various aspects of

HIV/AIDS. Dr. Williams is currently a staff psychologist at Adam Benjamin a CBOC of Jesse Brown VA.

Bonnie Yap, Ph.D. (she/her/hers): Bonnie Yap, Ph.D. is the MOVE! Coordinator for Jesse Brown. MOVE! is the VA's weight management, health promotion program designed to improve the lives of Veterans. Dr. Yap works closely with Health Promotion and Disease Prevention (HPDP), the Eating Disorders team, and the Post-Acute Symptoms of COVID (PASC) team. She co-runs the Northwestern/Jesse Brown Health Psychology Seminar, with speakers from medical centers throughout Chicago and the nation, with participants attending from around the country.

Dr. Yap received her master of science and doctorate in clinical psychology from the Illinois Institute of Technology (IIT) in Chicago. She completed her clinical internship and post-doctoral fellowship at the Clement J. Zablocki VAMC in Milwaukee, where she worked with Health Psychology, Palliative Care, ALS Clinic, PCMHI, Women's Clinic, Psychooncology, and DBT Team. Dr. Yap received her undergraduate degree at the University of Chicago, with Psychology department honors, Psi Chi. In undergrad, she concentrated in Cultural Psychology and presented work on context vs. content language processing in first- and second-generation Asians. Dr. Yap's more recent research interests include the impact of financial burden/financial distress on patients with cancer, psychooncology, and sleep/circadian rhythm disorders. Dr. Yap enjoys travel, arts and crafts, karaoke, yoga, and eating/cooking.

Qualifications and Eligibility

Eligibility requirements for VA Health Professions Trainee

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health

Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/> . Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federalregister/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are exempt from drug testing prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. Health Requirements. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and

patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare. The influenza vaccine is required unless medical or religious justification is provided.

b. Primary source verification of all prior education and training is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled. 8. Additional On-boarding Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. Proof of Identity per VA. VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit:

https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional Information Regarding Eligibility Requirements

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B.

Appointment Requirements and Determinations.

https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-andPenalties>

Additional Information Specific Suitability Information from Title 5 (Referenced in VHA Handbook 5005)

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

For additional information please visit: [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

Additional Eligibility Criteria for Psychology Postdoctoral Fellow Applicants

A postdoctoral fellowship applicant also must meet these criteria by the start date of the fellowship training year in order to be considered for this VA Psychology Fellowship Program:

1. Be a graduate of an APA-accredited graduate program in clinical or counseling psychology.
2. Have completed an APA-accredited internship program; or being currently enrolled, in good standing, in such a program.
3. Exceptions to 1 and 2 can be granted only in consonance with those listed in the most recent Psychology Occupational Series Qualification Standards (VA Handbook 5005, Part II, Appendix G18)

Application Instructions

To apply, please complete and submit the following:

1. A cover letter outlining (at minimum) the track or tracks you are applying to, your career goals, and how this fellowship program will help you achieve those goals

2. A current curriculum vitae
3. Copies of graduate transcripts to date—please note that if the doctoral degree has not yet been awarded, we may require the delivery of an official transcript (by the start date of the program) showing the degree awarding date before admitting a selectee to the fellowship program
4. Two or three letters of recommendation, one of which must be from an internship supervisor (if the candidate is currently in an internship program), sent directly from the letter writers via electronic attachment
5. A letter from the applicant's internship director of training verifying that the applicant is in good standing with their program along with the applicant's anticipated completion date of the internship; or a copy of the internship completion certificate, if the candidate has already completed internship.

Applicants should send items 1-3 to vhachspychologytraining@va.gov using the subject line "Postdoctoral Fellowship Application Submission for [First and last name of applicant]."

Applicants should have their letters (items 4-5) sent by their letter writers to the same email address (vhachspychologytraining@va.gov) using the subject line "Postdoctoral Fellowship Letter for [First and last name of applicant]."

Applicants should submit all materials by 11:59pm CST on Monday, December 12, 2022. Failure to adhere to the above instructions may result in delayed consideration or rejection of the application.

Interview and Selection Procedure

If a candidate is selected for further consideration, the candidate will be invited to interview with the relevant training staff and the Director of Training. Interviewees will also have an opportunity to meet with the current postdoctoral fellows to learn more about their lived experiences on fellowship. Interviews are expected to occur during January, and for the recruitment cycle of the 2023-24 training year, all interviews will occur in a virtual format via video conferencing (e.g., Webex). Interviewees should be prepared to address the content of their applications and answer performance-based interview questions.

The program agrees to abide by APPIC guidelines (<https://www.appic.org/home-old/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>) with regard to postdoctoral fellowship selection and the extension of offers. Consequently, it will anticipate making selection offers to the top-ranked candidates by no later than February 3, 2023 and will abide by all processes associated with the Common Hold Date of February 27, 2023.

Please address questions to the Director of Training:

Jamie Mathews, PsyD
Jesse Brown VA Medical Center
MHSL/Psychology (116B)
820 South Damen Ave.

Chicago, IL 60612

Email: vhachspychologytraining@va.gov

<http://www.chicago.va.gov/about/psychresidency/psychology.asp>

Fellowship Admissions, Support, and Initial Placement Data

Fellowship Program Admissions

Date Program Tables are updated: 09/24/2022

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on fellowship selection and practicum and academic preparation requirements:

Candidates should be interested in pursuing 1-year postdoctoral programs in psychology aimed at providing interprofessional education (IPE) in either the assessment and treatment of post-traumatic stress disorder (PTSD), pain, and substance use disorder (SUD) or in the assessment and treatment of severe mental illness (SMI). Candidates should have interests in developing competencies in clinically addressing these diagnoses using empirically based practices (EBPs) and collaborating with both psychologist and non-psychologist healthcare providers over the course of the training year. Candidates should share the goal of emerging from the program fully prepared to independently practice in an interdisciplinary, collaborative care setting in the VHA or elsewhere, delivering patient-centered care within a framework of cultural humility and intersectionality.

Describe any other required minimum criteria used to screen applicants:

Applicants must be U.S. citizens who are candidates in (or have completed) an APA-accredited doctoral program in clinical or counseling psychology. They must have completed an APA-accredited internship program and have earned their Ph.D. or Psy.D. prior to the start date of the fellowship. Additional qualifications are established through VA policy and federal regulations.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Fellows (for 2020-2021 fellowship year)	\$51,385	
Annual Stipend/Salary for Half-time Fellows	N/A	
Program provides access to medical insurance for fellow?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	108	
Hours of Annual Paid Sick Leave	108	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to fellows/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): life insurance, public transit subsidy, wellness center, medical library, tort liability coverage		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Fellowship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
Total # of fellows who were in the 3 cohorts	7	
Total # of fellows who remain in training in the fellowship program	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		7
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Program Point of Contact

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Photo of the Chicago skyline at sunset taken from Lake Michigan

Photo of Jesse Brown VAMC exterior on page 1: <https://www.chicago.va.gov/>

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